

RECEIVED

(1949 Revision of Standard Certificate)

001

FEB 19 1957

CERTIFICATE OF STILLBIRTH

State File No.
Local Reg. No. 11
Reg. Dist. No. 618

Division of Vital Statistics

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LDS Hospital		d. STREET ADDRESS (If rural, give location) 345 E 25th St.	
3. CHILD'S NAME (Type or Print) John Pember George			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 4, 1957
7. FATHER'S NAME a. (First) C. b. (Middle) Tabb c. (Last) George		8. COLOR OR RACE White	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Louisiana	11a. USUAL OCCUPATION Slsmn. & Announcer	11b. KIND OF BUSINESS OR INDUSTRY Radio and Television
12. MOTHER'S MAIDEN NAME a. (First) Winifred b. (Middle) Ann c. (Last) Petersen		13. COLOR OR RACE White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 0	
17. INFORMANT <i>Charles J. Jorgensen</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Anomalies of Circulatory System</i>	
		20b. MATERNAL CAUSES <i>Placenta Previa marginal</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>See 30</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Low Forceps</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Joseph M. D.</i>	
23b. ATTENDANT'S ADDRESS <i>Idaho Falls, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Jack A. Wood</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/7/57	25c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Pk	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Feb. 5-1957		26. FUNERAL DIRECTOR'S ADDRESS <i>Jack A. Wood, Jr.</i> Idaho Falls, Idaho	

RECEIVED

002

PHS-797(VS)

4-48

FEDERAL BUREAU OF INVESTIGATION
PUBLIC HEALTH SERVICE

FEB 11 1957

Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 27

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY <u>CANYON</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>CANYON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALDWELL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALDWELL</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>CALDWELL MEMORIAL</u>		d. STREET ADDRESS (If rural, give location) <u>2924 ILLINDIS</u>	
3. CHILD'S NAME (Type or Print) <u>TOMMY DEAN FOREMAN</u>			
4. SEX <u>MALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>JAN 14 1957</u>
7. FATHER'S NAME a. (First) <u>LENN</u> b. (Middle) <u>SYLVESTER</u> c. (Last) <u>FOREMAN</u>		8. COLOR OR RACE <u>WHITE</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>SCHAFFER, N. DAK.</u>	11a. USUAL OCCUPATION <u>DITCH RIDER</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>PIONEER IRRIGATION</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>JANIE</u> b. (Middle) <u>MARIA</u> c. (Last) <u>BOTTOMS</u>		13. COLOR OR RACE <u>WHITE</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>SENECA, So. CAROLINA</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Janie Foreman MOTHER</u>			
18a. LENGTH OF PREGNANCY <u>21</u> WEEKS	18b. WEIGHT AT BIRTH LBS. — OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Uterine placenta</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>John A. Stucker MD</u>	
23b. DATE SIGNED <u>1-15-57</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Merville D Davis</u>	
25c. ATTENDANT'S ADDRESS		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 16, 57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Canyon Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Caldwell, Canyon, Idaho</u>
DATE REC'D BY LOCAL REG. <u>2-6-57</u>		26. FUNERAL DIRECTOR <u>Peckman Dakan-Davis Chapel</u> <u>Caldwell, Idaho</u>	

[illegible]

RECEIVED (1949 Revision of Standard Certificate)
FEB 4 1957
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

003

1. PLACE OF STILLBIRTH a. COUNTY Franklin		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Franklin	
b. CITY OR TOWN Preston		c. CITY OR TOWN Preston	
c. FULL NAME OF HOSPITAL OR INSTITUTION Preston Memorial Hospital		d. STREET ADDRESS (If rural, give location) 239 South 1st East	
3. CHILD'S NAME (Type or Print) Baby Boy Chatterton			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 25, 1957
7. FATHER'S NAME a. (First) Eugene b. (Middle) Chatterton c. (Last) Chatterton			8. COLOR OR RACE White
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Preston, Idaho	11a. USUAL OCCUPATION Appliance repair	11b. KIND OF BUSINESS OR INDUSTRY Electrical & Sport Shop
12. MOTHER'S MAIDEN NAME a. (First) Leona b. (Middle) Britenbeker c. (Last) Britenbeker			13. COLOR OR RACE White
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) Preston, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES prolapsed umbilical cord	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Leo R. Hanks M.D. 23b. DATE SIGNED 1/26/57	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 26, 1957	25c. NAME OF CEMETERY OR CREMATORY Preston	25d. LOCATION (City, town, or county) (State) Preston Idaho
DATE REC'D BY LOCAL REG. 1-26-57	REGISTRAR'S SIGNATURE Eugene W. Bennett	26. FUNERAL DIRECTOR ADDRESS Webb Funeral Home Preston, Idaho William Webb	

[illegible]

RECEIVED

(1949 Revision of Standard Certificate)

JAN 2 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 6Reg. Dist. No. 340-341

004

1. PLACE OF STILLBIRTH (If outside corporate limits, write RURAL and give township)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Gem		a. STATE Idaho	b. COUNTY Gem
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emmett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emmett	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mary Secor Hospital		d. STREET ADDRESS (If rural, give location) 636 E. 2nd	
3. CHILD'S NAME (Type or Print) Baby Morrow			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 26, 1957
7. FATHER'S NAME a. (First) Glenn b. (Middle) Morrow c. (Last)			8. COLOR OR RACE white
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Mackay, Idaho	11a. USUAL OCCUPATION oil distributor	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Mary Lorene Kilburn b. (Middle) Kilburn c. (Last)			13. COLOR OR RACE white
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Fort Collins, Colo.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Glenn Morrow			
18a. LENGTH OF PREGNANCY 21 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES UNKNOWN	
		20b. MATERNAL CAUSES HABITUAL ABORTION	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:15 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Hanna E. Holmerson M.D.	
23b. DATE SIGNED JAN. 28, 1957		24. SIGNATURE OF AUTHORIZED OFFICIAL Beatty Chapel	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial		25b. DATE Jan. 30, 1957	
25c. NAME OF CEMETERY OR CREMATORY Riverside		25d. LOCATION (City, town, or county) (State) Emmett, Idaho	
DATE REC'D BY LOCAL REG. Jan. 28, 1957		26. FUNERAL DIRECTOR Beatty Chapel	

[illegible]

RECEIVED

(1949 Revision of Standard Certificate)

FEB 5 1957

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 005

Local Reg. No. 6

Reg. Dist. No. 450

1. PLACE OF STILLBIRTH a. COUNTY Minidoka		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Minidoka	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rupert General Hospital		d. STREET ADDRESS (If rural, give location) 709 D St Rupert Idaho	
3. CHILD'S NAME (Type or Print) Shirley Marie Schab			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan 21 1957
7. FATHER'S NAME a. (First) Albert b. (Middle) P. c. (Last) Schab		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Sterling Colorado	11a. USUAL OCCUPATION Lineman	11b. KIND OF BUSINESS OR INDUSTRY Telephone Company
12. MOTHER'S MAIDEN NAME a. (First) Louise Marie Sack b. (Middle) c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Rupert Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Albert P. Schab			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date August 1956	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Strangulation with cord around neck three times.	
		20b. MATERNAL CAUSES none.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia of pregnancy.		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy, low forceps.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:40 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) H. W. Crawford, M.D.	
23b. DATE SIGNED Jan 21, 1957		23c. ATTENDANT'S ADDRESS Rupert, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Mary Ellen Carlson		23e. TITLE Rupert, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan 22 1957	25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery	25d. LOCATION (City, town, or county) (State) Rupert Idaho
DATE REC'D BY LOCAL REG.		26. FUNERAL DIRECTOR Rupert, Idaho 910-6651 / Rupert, Idaho	

23
23
23

RECEIVED CERTIFICATE OF STILLBIRTH

(1949 Revision of Standard Certificate)

State File No. 006
Local Reg. No. 20
Reg. Dist. No. 220

FEB 4 1957

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <i>Mayhew</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live) a. STATE <i>Idaho</i> b. COUNTY <i>Mayhew</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Lewiston</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Lewiston</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Joseph's</i>		d. STREET ADDRESS (If rural, give location) <i>641-22nd Ave</i>	
3. CHILD'S NAME (Type or Print) <i>Ann Marie Brammer</i>			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Jan 18 1957</i>
7. FATHER'S NAME a. (First) <i>George</i> b. (Middle) <i>Franklin</i> c. (Last) <i>Brammer</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>30</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Gifford, Idaho</i>	11a. USUAL OCCUPATION <i>Farming</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Leah</i> b. (Middle) <i>Jean</i> c. (Last) <i>Harlow</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>34</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Thompson Falls, MT</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>4</i> b. How many children were born alive but are now dead? <i>none</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>none</i>	
17. INFORMANT <i>George F. Brammer</i>			
18a. LENGTH OF PREGNANCY <i>40</i> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Anoxia - Congenital Heart</i> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <i>Manual Delivery</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>6:30 p.m.</i>		23a. ATTENDANT'S SIGNATURE <i>Edith P. Vassar</i>	23b. DATE SIGNED <i>1/24/57</i>
23c. ATTENDANT'S ADDRESS <i>Lewiston, Idaho.</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Andrew F. Vassar</i>	TITLE <i>Physician</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>Jan 21-57</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Lewis-Clark Memorial</i>	25d. LOCATION (City, town, or county) (State) <i>Lewiston Idaho</i>
DATE REC'D BY LOCAL REG. <i>1/29/57</i>	REGISTRAR'S SIGNATURE <i>Cara Kinger</i>	26. FUNERAL DIRECTOR ADDRESS <i>Andrew F. Vassar, Lewiston, Ida.</i>	

[illegible]

RECEIVED

(1949 Revision of Standard Certificate)

FEB 11 1957 CERTIFICATE OF STILLBIRTH**Division of Vital Statistics****State of Idaho**

State File No.

007

Local Reg. No.

26

Reg. Dist. No.

220

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Washington b. COUNTY Asotin	
b. CITY OR TOWN Lewiston (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Clarkston (If outside corporate limits, write RURAL and give township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital (If not in hospital or institution, give street address or location)		d. STREET ADDRESS 928 4th Street (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Langager			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1/28/1957
7. FATHER'S NAME a. (First) Bernard b. (Middle) Langager c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) St. Paul, Minnesota	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Dairy
12. MOTHER'S MAIDEN NAME a. (First) Lila b. (Middle) Townsend c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Clarkston, Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Bernard Langager			
18a. LENGTH OF PREGNANCY 6 mo. WEEKS	18b. WEIGHT AT BIRTH 2 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Chromosomal abnormalities - trisomy 18	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:25 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [Signature]	
23b. DATE SIGNED Jan 28 1957		23c. ATTENDANT'S ADDRESS Lewiston, Idaho.	
23d. SIGNATURE OF AUTHORIZED OFFICIAL W.C. Merchant		23e. TITLE Clarkston, Washington	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/30/1957	24c. NAME OF CEMETERY OR CREMATORY Vineland	24d. LOCATION (City, town, or county) (State) Clarkston, Washington
DATE REC'D BY LOCAL REG. 2/1/57		REGISTRAR'S SIGNATURE Cara Kinger	
25. FUNERAL DIRECTOR W.C. Merchant		ADDRESS Clarkston, Washington	

Eugene Baldeck

RECEIVED

JAN 28 1957

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 008

Local Reg. No. 7

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kellogg</u> OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kellogg</u> OR TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Wardner</u> HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1811 W. M. Kirby</u>	
3. CHILD'S NAME (Type or Print) <u>Richard Dale Evans</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 20 1957</u>
7. FATHER'S NAME a. (First) <u>Richard</u> b. (Middle) <u>Evans</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>19</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	11a. USUAL OCCUPATION <u>Miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Miner</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Irene</u> b. (Middle) <u>Beach</u> c. (Last) <u>Evans</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>New York</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Richard Evans</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Chromosomally undetermined</u> 20b. MATERNAL CAUSES <u>Chromosomally undetermined</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>C</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Walter M. Whitelaw M.D.</u> 23b. DATE SIGNED <u>23 Jan 57</u> 23c. ATTENDANT'S ADDRESS <u>Kellogg, Idaho</u> If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Grant M. Glad</u> TITLE <u>Kellogg, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>1/22/57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	25d. LOCATION (City, town, or county) (State) <u>Kellogg Idaho</u>
DATE REC'D BY LOCAL REG. <u>1/24/57</u>	REGISTRAR'S SIGNATURE <u>Joe E. Laine</u>	26. FUNERAL DIRECTOR <u>Grant M. Glad</u> ADDRESS <u>Kellogg, Idaho</u>	

1. *Pharmaceutical industry*—The pharmaceutical industry is the largest of the three industries, with sales of \$10.5 billion in 1990. It is the only industry in the sample that has a significant number of firms with sales exceeding \$1 billion. The industry is characterized by a high degree of concentration, with the top 10 firms accounting for 40% of total sales. The industry is also characterized by a high degree of innovation, with a large number of new drugs being developed and marketed each year.

RECEIVED

(1949 Revision of Standard Certificate)

JAN 14 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

009

Local Reg. No.

998

Reg. Dist. No.

460

Division of Vital Statistics

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Twin Falls			a. STATE Idaho b. COUNTY Twin Falls		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		
c. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Memorial			d. STREET ADDRESS (If rural, give location) 743 2nd Ave. E.		
3. CHILD'S NAME (Type or Print) TERESA MARIE REHMS					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1-8-57		
7. FATHER'S NAME a. (First) James		b. (Middle) Lee		c. (Last) Rehms	
8. COLOR OR RACE White					
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Billings Montana	11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) Rosie Jo		b. (Middle)		c. (Last) McDowell	
13. COLOR OR RACE White					
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Wendell, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
		a. How many children are now living? 0			
		b. How many children were born alive but are now dead? 0			
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Patient's chart and Patient					
18a. LENGTH OF PREGNANCY 7 Mo. WEEKS		18b. WEIGHT AT BIRTH 8 LBS. 15 OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES Duchenne's Muscular			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Polyhydramnios			22. STATE ALL OPERATIONS FOR DELIVERY Low forceps		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:15 P. M.		23a. ATTENDANT'S SIGNATURE Edward J. Green		23b. DATE SIGNED 1-9-57	
23c. ATTENDANT'S ADDRESS Twin Falls, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL W. J. Welton			
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Jan. 10, 57		25c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery	
25d. LOCATION (City, town, or county) Twin Falls, Idaho					
DATE REC'D BY LOCAL REG. Jan. 11, 1957		REGISTRAR'S SIGNATURE Lena O. Lanning		26. FUNERAL DIRECTOR W. J. Welton	
				ADDRESS Twin Falls, Idaho	

1947
1948
1949

RECEIVED

(1949 Revision of Standard Certificate)

FEB 8 1957

CERTIFICATE OF STILLBIRTH**Division of Vital Statistics****State of Idaho**

State File No.

010

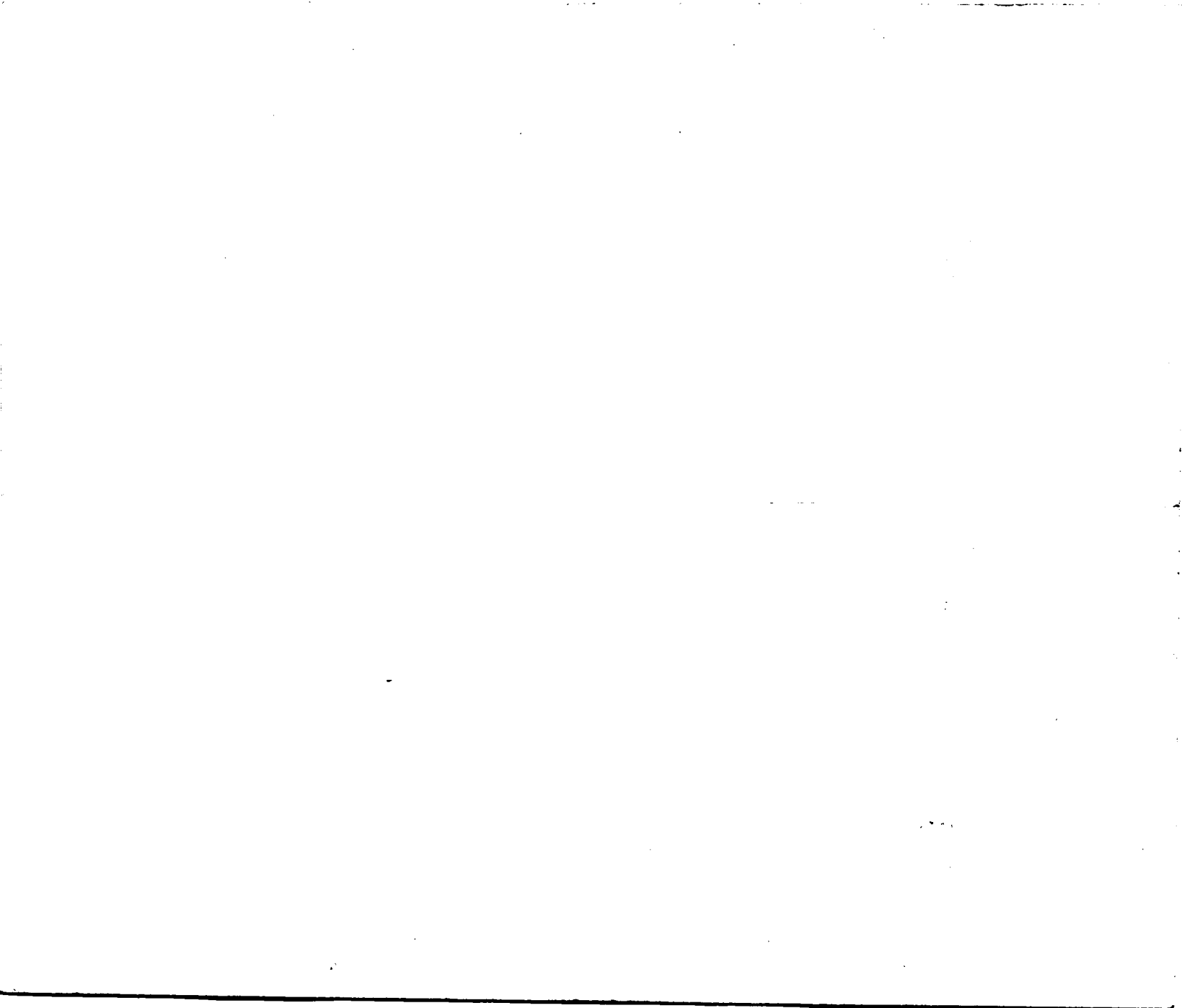
Local Reg. No.

023

Reg. Dist. No.

460

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY <i>Twin Falls</i>			a. STATE <i>Idaho</i> b. COUNTY <i>Twin Falls</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Twin Falls</i>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Twin Falls</i>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Magic Valley Memorial</i>			d. STREET ADDRESS (If rural, give location) <i>435 W. Filer Ave</i>		
3. CHILD'S NAME (Type or Print) BABY BOY WARD					
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Jan 24 1957</i>		
7. FATHER'S NAME		a. (First) <i>Bissell</i>	b. (Middle) <i>Lee</i>	c. (Last) <i>Ward</i>	8. COLOR OR RACE
9. AGE (At time of this birth) <i>36</i> YEARS		10. BIRTHPLACE (State or foreign country) <i>Great Falls Mont.</i>		11a. USUAL OCCUPATION <i>Veterinarian Asst</i>	
12. MOTHER'S MAIDEN NAME		a. (First) <i>Betty</i>	b. (Middle) <i>Jeanita</i>	c. (Last) <i>Newland</i>	13. COLOR OR RACE <i>White</i>
14. AGE (At time of this birth) <i>33</i> YEARS		15. BIRTHPLACE (State or foreign country) <i>Bozeman Idaho</i>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT <i>Mr. Ward</i>		a. How many children are now living? <i>2</i>		b. How many children were born alive but are now dead? <i>0</i>	
18a. LENGTH OF PREGNANCY <i>40</i> WEEKS		18b. WEIGHT AT BIRTH <i>7</i> LBS. <i>7</i> OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Causes attributed to Strangled Umbilical Cord.</i>			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>11:35 a.m.</i>		23a. ATTENDANT'S SIGNATURE <i>L. D. Oakesham M.D.</i>		23b. DATE SIGNED <i>1-24-57</i>	
		23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>John J. Wilkerson</i>	
		25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		25b. DATE <i>Jan. 25, 1957</i>	
		25c. NAME OF CEMETERY OR CREMATORY <i>Twin Falls Cemetery</i>		25d. LOCATION (City, town, or county) (State) <i>Twin Falls Idaho</i>	
DATE REC'D BY LOCAL REG. <i>Jan. 30, 1957</i>		REGISTRAR'S SIGNATURE <i>Lenora O. James</i>		26. FUNERAL DIRECTOR <i>John J. Wilkerson</i>	
				ADDRESS <i>Twin Falls</i>	



RECEIVED

(1949 Revision of Standard Certificate)

FEB 26 1957**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No.

Local Reg. No. 64Reg. Dist. No. 370**011****Division of Vital Statistics****1. PLACE OF STILLBIRTH**

a. COUNTY

Adab. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWNBoisec. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONSt. Luke's Hospital**2. USUAL RESIDENCE OF MOTHER (Where does mother live?)**

a. STATE

Idaho

b. COUNTY

Adac. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWNBoised. STREET
ADDRESS2619 Rose Hill**3. CHILD'S NAME**

(Type or Print)

Baby Joel Inglis**4. SEX**F**5a. THIS BIRTH**SINGLE ☒TWIN ☐TRIPLET ☐**5b. IF TWIN OR TRIPLET (This child born)**1ST ☐2ND ☐3RD ☐**6. DATE OF STILLBIRTH**

(Month)

(Day)

(Year)

Nov271957**7. FATHER'S NAME**

a. (First)

Richard

b. (Middle)

Lee

c. (Last)

Inglis**8. COLOR OR RACE**White**9. AGE (At time of this birth)**51

YEARS

10. BIRTHPLACE (State or foreign country)Calif Los Angeles**11a. USUAL OCCUPATION**Student**11b. KIND OF BUSINESS OR INDUSTRY**B.S. College**12. MOTHER'S MAIDEN NAME**

a. (First)

Sandra

b. (Middle)

Carlene

c. (Last)

Dunn**13. COLOR OR RACE**White**14. AGE (At time of this birth)**20

YEARS

15. BIRTHPLACE (State or foreign country)Montana, Glasgow**16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)**

a. How many children are now living?

none

b. How many children were born alive but are now dead?

none

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

none**17. INFORMANT**Richard Lee Inglis**18a. LENGTH OF PREGNANCY**20

WEEKS

18b. WEIGHT AT BIRTH1

LBS.

2

OZS.

19. Was a standard serological test for syphilis performed? Yes NoApproximate date**CAUSE OF STILLBIRTH**
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)**20a. FETAL CAUSES**Ruptured Membranes 4 days**20b. MATERNAL CAUSES****21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR****22. STATE ALL OPERATIONS FOR DELIVERY**I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:15 P. m.**23a. ATTENDANT'S SIGNATURE**

(Specify if M. D., midwife, or other)

Max D. Sudmunden M.D.**23b. DATE SIGNED**1-28-57**23c. ATTENDANT'S ADDRESS**Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

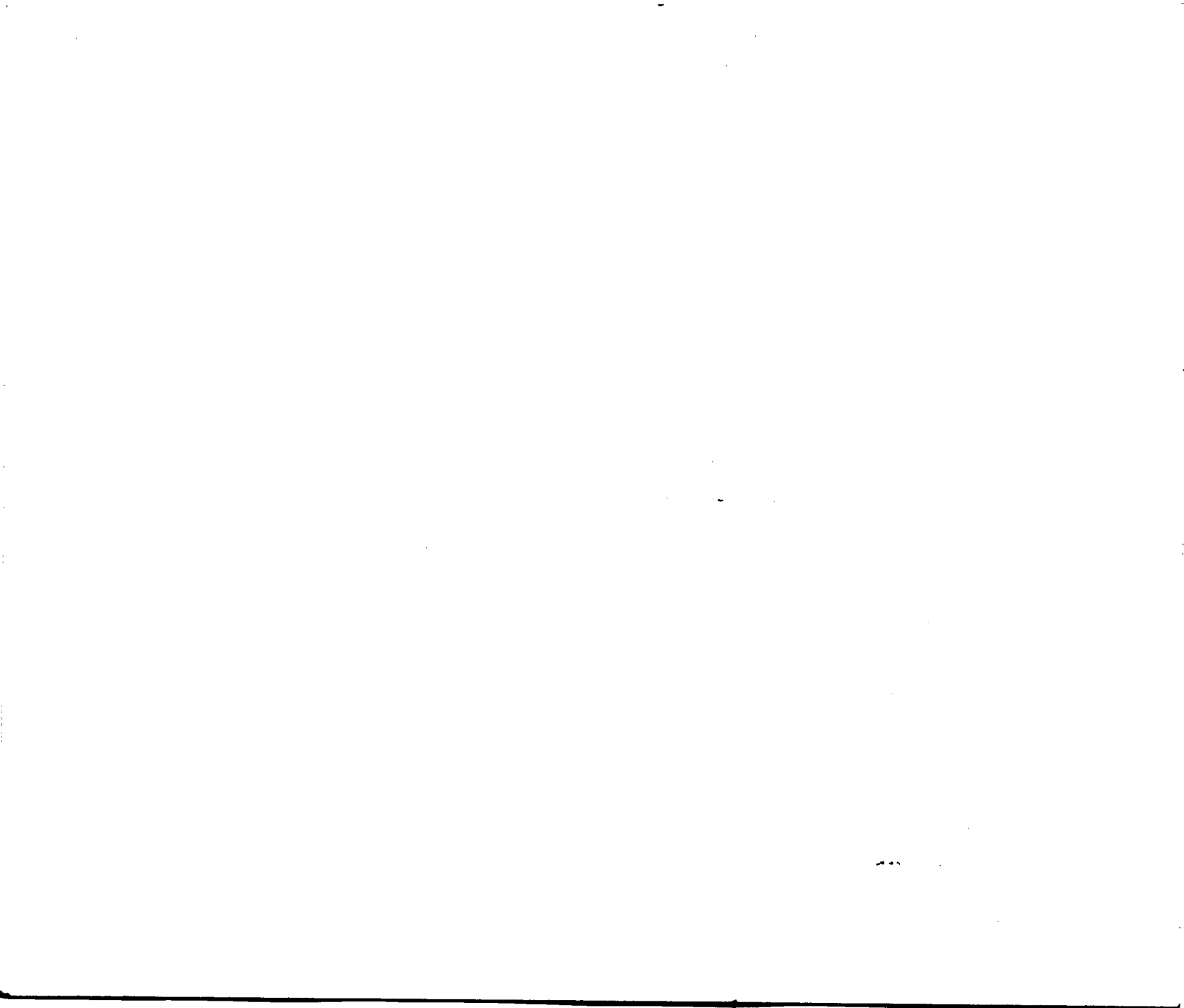
John B. Rose - Administrator**25a. MARITAL CREMATION, REMOVAL (Specify)****25b. DATE**2-8-57**25c. NAME OF CEMETERY OR CREMATORY**St. Luke's Hosp.**25d. LOCATION (City, town, or county)**Boise, Idaho

(State)

DATE REC'D BY LOCAL REG.2-9-57**REGISTRAR'S SIGNATURE**Myrtle Palmer**26. FUNERAL DIRECTOR**

ADDRESS

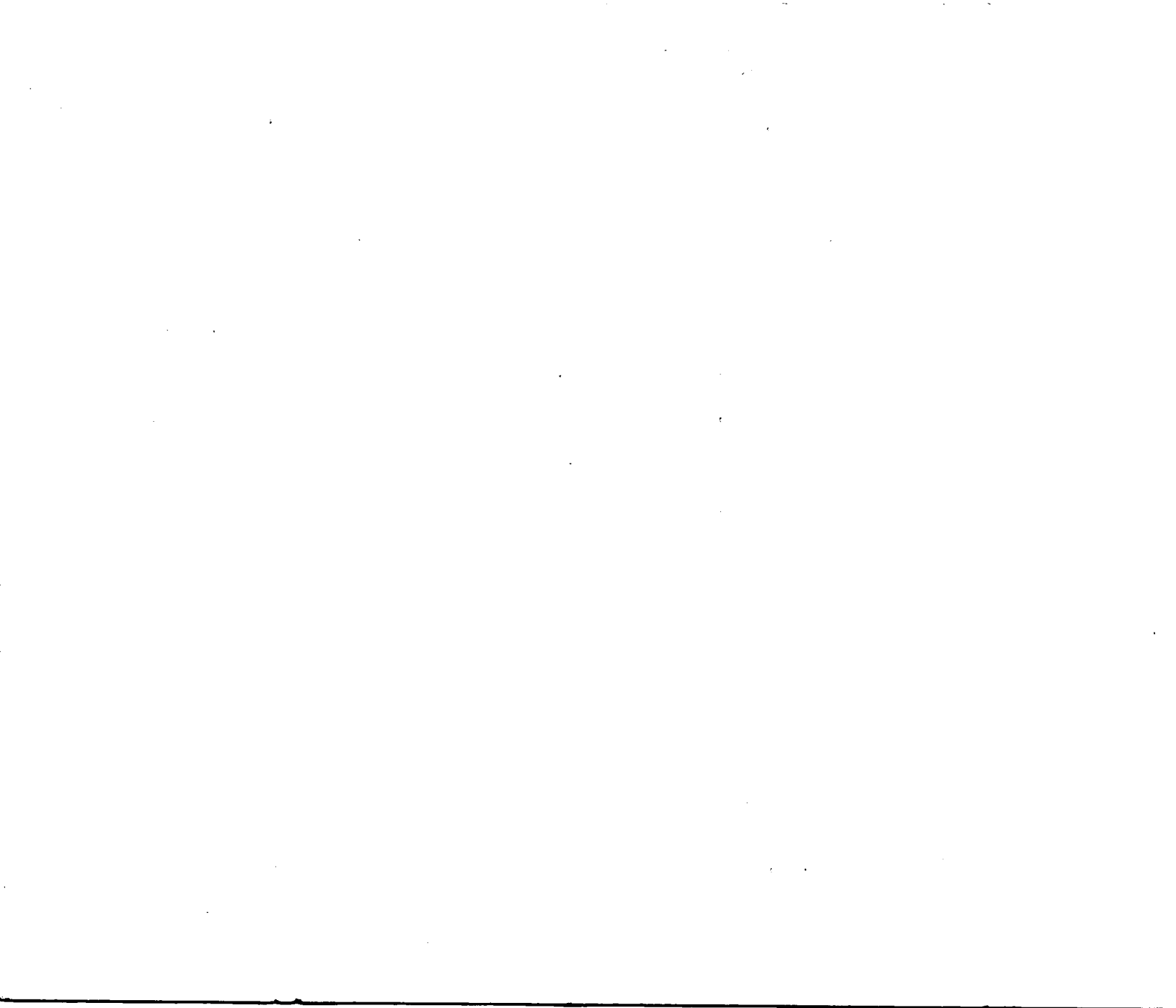
Geo. W. Myron - Dist. Administrator



RECEIVED
(Division of Standard Certificate)
FEB 27 1957
CERTIFICATE OF STILLBIRTH
State of Idaho
Division of Vital Statistics

State File No. 012
Local Reg. No. 77
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>1801 S. Phillippi</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Girl Anderson</u>					
4. SEX <u>Female</u>		5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 19, 1957</u>					
7. FATHER'S NAME a. (First) <u>Walter</u> b. (Middle) <u>M.</u> c. (Last) <u>Anderson</u>			8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>28</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>		11a. USUAL OCCUPATION <u>Salesman</u>	
11b. KIND OF BUSINESS OR INDUSTRY <u>Drapery Fabrics</u>					
12. MOTHER'S MAIDEN NAME a. (First) <u>Margaret</u> b. (Middle) <u>A.</u> c. (Last) <u>Martin</u>			13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>34</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Meeker, Oklahoma</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Walter M. Anderson</u>					
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS		18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>0</u> OZS.		19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date _____	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			20a. FETAL CAUSES		
			20b. MATERNAL CAUSES <u>Abruptio Placenta</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10 A.</u> m.			23a. ATTENDANT'S SIGNATURE <u>Meredith Submunden MD</u> (Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>2-21-57</u>
			23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician _____ TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>Feb. 21, 1957</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Meridian Cemetery</u>	
25d. LOCATION (City, town, or county) (State) <u>Meridian, Idaho</u>					
DATE REC'D BY LOCAL REG. <u>2-25-57</u>		REGISTRAR'S SIGNATURE <u>Mable Palmer</u>		26. FUNERAL DIRECTOR <u>Joel Wagner</u> ADDRESS <u>Boise, Idaho</u>	
<u>McBratney-Alden Chapel</u>					



RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

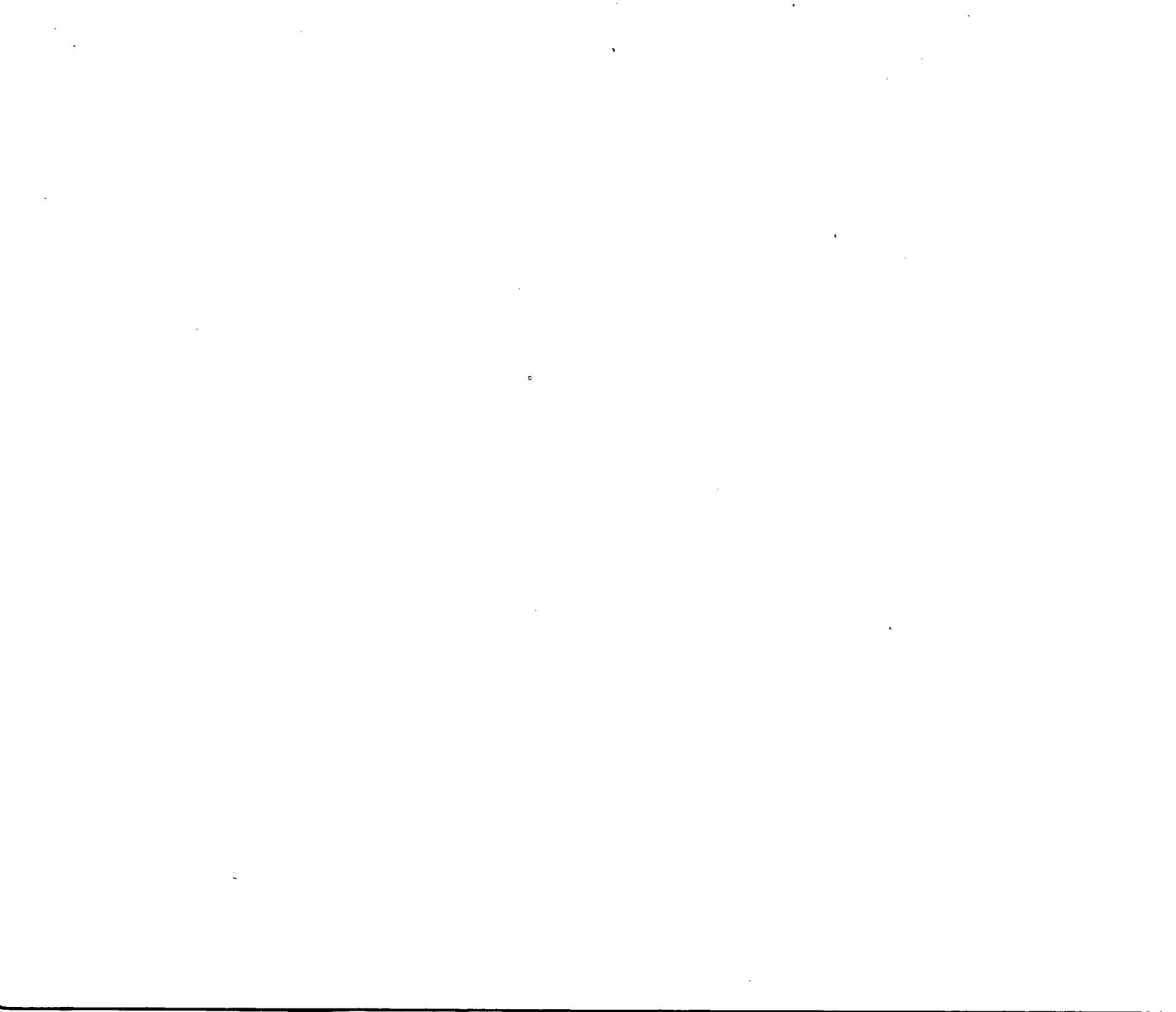
State of Idaho

State File No.
Local Reg. No. 90
Reg. Dist. No. 270

013

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonsus Hospital		d. STREET ADDRESS (If rural, give location) 6205 Russett,	
3. CHILD'S NAME (Type or Print) CHARLES THOMAS CHAMBERS			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 24, 1957
7. FATHER'S NAME a. (First) Charles b. (Middle) M. c. (Last) Chambers		8. COLOR OR RACE White	
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Lincoln, Nebraska	11a. USUAL OCCUPATION Truck Driver	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Loris b. (Middle) Campbell c. (Last) Campbell		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Great Falls, Montana	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT <i>Charles M. Chambers</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Nov. 1956</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>Diabetes</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Diabetes</i>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Merrett M. Merrett M.D.</i>	
23b. DATE SIGNED 2/26/57		23c. ATTENDANT'S ADDRESS <i>Boise, Ida</i>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>W. H. Summers</i>		23e. TITLE SUMMERS FUNERAL HOME	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/27/57	24c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery	24d. LOCATION (City, town, or county) (State) Meridian, Idaho
DATE REC'D BY LOCAL REG. 3-2-57	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	25. FUNERAL DIRECTOR ADDRESS <i>W. H. Summers</i> Boise, Idaho	



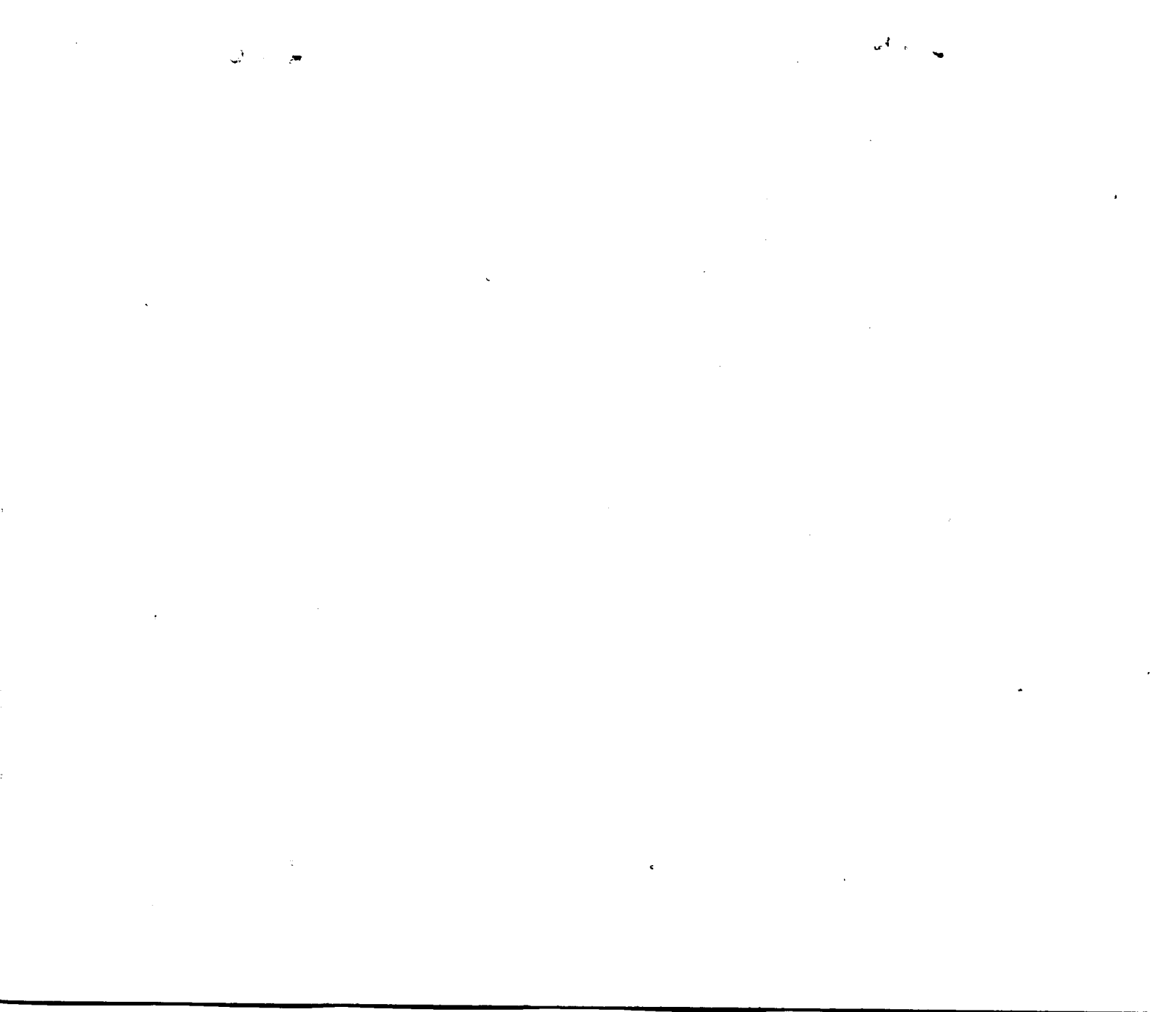
RECEIVED

MAR 19 1957

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **014**
Local Reg. No. **87**
Reg. Dist. No. **370**

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 2107 - N - 29th	
3. CHILD'S NAME (Type or Print) Baby--Boy Brunton, Patrick Aldin			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb 24, 1957
7. FATHER'S NAME a. (First) Darrell b. (Middle) G c. (Last) Brunton		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Washington	11a. USUAL OCCUPATION Sawmill worker	11b. KIND OF BUSINESS OR INDUSTRY edges
12. MOTHER'S MAIDEN NAME a. (First) Margaret b. (Middle) Sarah c. (Last) Wells		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) North Dakota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Mother - Darrell G. Brunton			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Respiratory Infection - upper	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR probable abruption of placenta		22. STATE ALL OPERATIONS FOR DELIVERY spontaneous - precipitate delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Jarvis C. Chapman, M.D.	
23b. DATE SIGNED 2/24/57		23c. ATTENDANT'S ADDRESS 209 Main St. Boise	
24. SIGNATURE OF AUTHORIZED OFFICIAL Myrtle Palmer		TITLE SUMMERS FUNERAL HOME	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 2/26/57	25c. NAME OF CEMETERY OR CREMATORY St. Luke's Hospital	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 3-2-57		26. FUNERAL DIRECTOR Myrtle Palmer ADDRESS Boise, Idaho	



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
SEP 9 1958

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Ada } ss.
Certificate No. 014
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Stillbirth
for Baby Boy Brunton who was stillborn on Feb. 24, 1957
(Name on Original Certificate) (Birth or Death) (Date of Event)
in Boise, Idaho Ada County are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

name

unnamed Brunton

Patrick Aldin Brunton

Subscribed and sworn to before me this 6th. day of
September, 19 58

X Signed Carroll E. G. Brunton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho
My commission expires 3-1-62
(Seal)

2107 North 29th. St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th. day of
September, 19 58

X Signed Margaret Sarah Zeller Brunton
(Signature of Any Credible Person)

Notary Public, residing at Boise, Idaho
My commission expires 3-1-62
(Seal)

2107 North 29th. St. Boise, Idaho
(Street Address, City, State)

STATE OF TEXAS
DIVISION OF CRIMINAL JUSTICE

Affidavit to Commit or Arrest As

Original Certificate of Birth

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant

City of Dallas

State of Texas

County of Tarrant



RECEIVED

(1949 Revision of Standard Certificate)

State File No. 015
Local Reg. No. 12
Reg. Dist. No. 370

FEB 13 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

Division of Vital Statistics

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Bannock	b. CITY (If outside corporate limits, write RURAL and give township) Pocatello	a. STATE Idaho	b. COUNTY Bannock
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) University Club, #15	
3. CHILD'S NAME (Type or Print) BABY GIRL KOM			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 3, 1957
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) George	b. (Middle) Calvin	c. (Last) Kom	White
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Dover, Idaho	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY Idaho State College
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Myrna	b. (Middle) Lou	c. (Last) Heath	White
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Kellogg, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living?	b. How many children were born alive but are now dead?
		None	None
17. INFORMANT Myrna Kom, mother		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cerebral Hemorrhage	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Interruption Fetal Death		22. STATE ALL OPERATIONS FOR DELIVERY Low Forceps, Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:36 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) George J. Corbin	
23b. DATE SIGNED 2/7/57		23c. ATTENDANT'S ADDRESS Pocatello, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Geraldine Smart		23e. TITLE Funeral Director	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 4, 1957	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. FEB 12 1957	26. FUNERAL DIRECTOR ADDRESS Pocatello, Idaho		

RECEIVED
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

DATE: 10/10/68
TO: DIRECTOR, FBI
FROM: SAC, NEW YORK (100-100000)
SUBJECT: [REDACTED]

RE: [REDACTED]

1. [REDACTED]

2. [REDACTED]

3. [REDACTED]

4. [REDACTED]

5. [REDACTED]

6. [REDACTED]

7. [REDACTED]

8. [REDACTED]

9. [REDACTED]

10. [REDACTED]

11. [REDACTED]

12. [REDACTED]

13. [REDACTED]

14. [REDACTED]

15. [REDACTED]

16. [REDACTED]

17. [REDACTED]

18. [REDACTED]

19. [REDACTED]

20. [REDACTED]

21. [REDACTED]

22. [REDACTED]

23. [REDACTED]

24. [REDACTED]

25. [REDACTED]

26. [REDACTED]

27. [REDACTED]

28. [REDACTED]

29. [REDACTED]

30. [REDACTED]

31. [REDACTED]

32. [REDACTED]

33. [REDACTED]

34. [REDACTED]

35. [REDACTED]

36. [REDACTED]

37. [REDACTED]

38. [REDACTED]

39. [REDACTED]

40. [REDACTED]

41. [REDACTED]

42. [REDACTED]

43. [REDACTED]

44. [REDACTED]

45. [REDACTED]

46. [REDACTED]

47. [REDACTED]

48. [REDACTED]

49. [REDACTED]

50. [REDACTED]

51. [REDACTED]

52. [REDACTED]

53. [REDACTED]

54. [REDACTED]

55. [REDACTED]

56. [REDACTED]

57. [REDACTED]

58. [REDACTED]

59. [REDACTED]

60. [REDACTED]

61. [REDACTED]

62. [REDACTED]

63. [REDACTED]

64. [REDACTED]

65. [REDACTED]

66. [REDACTED]

67. [REDACTED]

68. [REDACTED]

69. [REDACTED]

70. [REDACTED]

71. [REDACTED]

72. [REDACTED]

73. [REDACTED]

74. [REDACTED]

75. [REDACTED]

76. [REDACTED]

77. [REDACTED]

78. [REDACTED]

79. [REDACTED]

80. [REDACTED]

81. [REDACTED]

82. [REDACTED]

83. [REDACTED]

84. [REDACTED]

85. [REDACTED]

86. [REDACTED]

87. [REDACTED]

88. [REDACTED]

89. [REDACTED]

90. [REDACTED]

91. [REDACTED]

92. [REDACTED]

93. [REDACTED]

94. [REDACTED]

95. [REDACTED]

96. [REDACTED]

97. [REDACTED]

98. [REDACTED]

99. [REDACTED]

100. [REDACTED]

101. [REDACTED]

102. [REDACTED]

103. [REDACTED]

104. [REDACTED]

105. [REDACTED]

106. [REDACTED]

107. [REDACTED]

108. [REDACTED]

109. [REDACTED]

110. [REDACTED]

111. [REDACTED]

112. [REDACTED]

113. [REDACTED]

114. [REDACTED]

115. [REDACTED]

116. [REDACTED]

117. [REDACTED]

118. [REDACTED]

119. [REDACTED]

120. [REDACTED]

121. [REDACTED]

122. [REDACTED]

123. [REDACTED]

124. [REDACTED]

125. [REDACTED]

126. [REDACTED]

127. [REDACTED]

128. [REDACTED]

129. [REDACTED]

130. [REDACTED]

131. [REDACTED]

132. [REDACTED]

133. [REDACTED]

134. [REDACTED]

135. [REDACTED]

136. [REDACTED]

137. [REDACTED]

138. [REDACTED]

139. [REDACTED]

140. [REDACTED]

141. [REDACTED]

142. [REDACTED]

143. [REDACTED]

144. [REDACTED]

145. [REDACTED]

146. [REDACTED]

147. [REDACTED]

148. [REDACTED]

149. [REDACTED]

150. [REDACTED]

151. [REDACTED]

152. [REDACTED]

153. [REDACTED]

154. [REDACTED]

155. [REDACTED]

156. [REDACTED]

157. [REDACTED]

158. [REDACTED]

159. [REDACTED]

160. [REDACTED]

161. [REDACTED]

162. [REDACTED]

163. [REDACTED]

164. [REDACTED]

165. [REDACTED]

166. [REDACTED]

167. [REDACTED]

168. [REDACTED]

169. [REDACTED]

170. [REDACTED]

171. [REDACTED]

172. [REDACTED]

173. [REDACTED]

174. [REDACTED]

175. [REDACTED]

176. [REDACTED]

177. [REDACTED]

178. [REDACTED]

179. [REDACTED]

180. [REDACTED]

181. [REDACTED]

182. [REDACTED]

183. [REDACTED]

184. [REDACTED]

185. [REDACTED]

186. [REDACTED]

187. [REDACTED]

188. [REDACTED]

189. [REDACTED]

190. [REDACTED]

191. [REDACTED]

192. [REDACTED]

193. [REDACTED]

194. [REDACTED]

195. [REDACTED]

196. [REDACTED]

197. [REDACTED]

198. [REDACTED]

199. [REDACTED]

200. [REDACTED]

201. [REDACTED]

202. [REDACTED]

203. [REDACTED]

204. [REDACTED]

205. [REDACTED]

206. [REDACTED]

207. [REDACTED]

208. [REDACTED]

209. [REDACTED]

210. [REDACTED]

211. [REDACTED]

212. [REDACTED]

213. [REDACTED]

214. [REDACTED]

215. [REDACTED]

216. [REDACTED]

217. [REDACTED]

218. [REDACTED]

219. [REDACTED]

220. [REDACTED]

221. [REDACTED]

222. [REDACTED]

223. [REDACTED]

224. [REDACTED]

225. [REDACTED]

226. [REDACTED]

227. [REDACTED]

228. [REDACTED]

229. [REDACTED]

230. [REDACTED]

231. [REDACTED]

232. [REDACTED]

233. [REDACTED]

234. [REDACTED]

235. [REDACTED]

236. [REDACTED]

237. [REDACTED]

238. [REDACTED]

239. [REDACTED]

240. [REDACTED]

241. [REDACTED]

242. [REDACTED]

243. [REDACTED]

244. [REDACTED]

245. [REDACTED]

246. [REDACTED]

247. [REDACTED]

248. [REDACTED]

249. [REDACTED]

250. [REDACTED]

251. [REDACTED]

252. [REDACTED]

253. [REDACTED]

254. [REDACTED]

255. [REDACTED]

256. [REDACTED]

257. [REDACTED]

258. [REDACTED]

259. [REDACTED]

260. [REDACTED]

261. [REDACTED]

262. [REDACTED]

263. [REDACTED]

264. [REDACTED]

265. [REDACTED]

266. [REDACTED]

267. [REDACTED]

268. [REDACTED]

269. [REDACTED]

270. [REDACTED]

271. [REDACTED]

272. [REDACTED]

273. [REDACTED]

274. [REDACTED]

275. [REDACTED]

276. [REDACTED]

277. [REDACTED]

278. [REDACTED]

279. [REDACTED]

280. [REDACTED]

281. [REDACTED]

282. [REDACTED]

283. [REDACTED]

284. [REDACTED]

285. [REDACTED]

286. [REDACTED]

287. [REDACTED]

288. [REDACTED]

289. [REDACTED]

290. [REDACTED]

291. [REDACTED]</

RECEIVED

(1940 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

FEB 14 1957

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

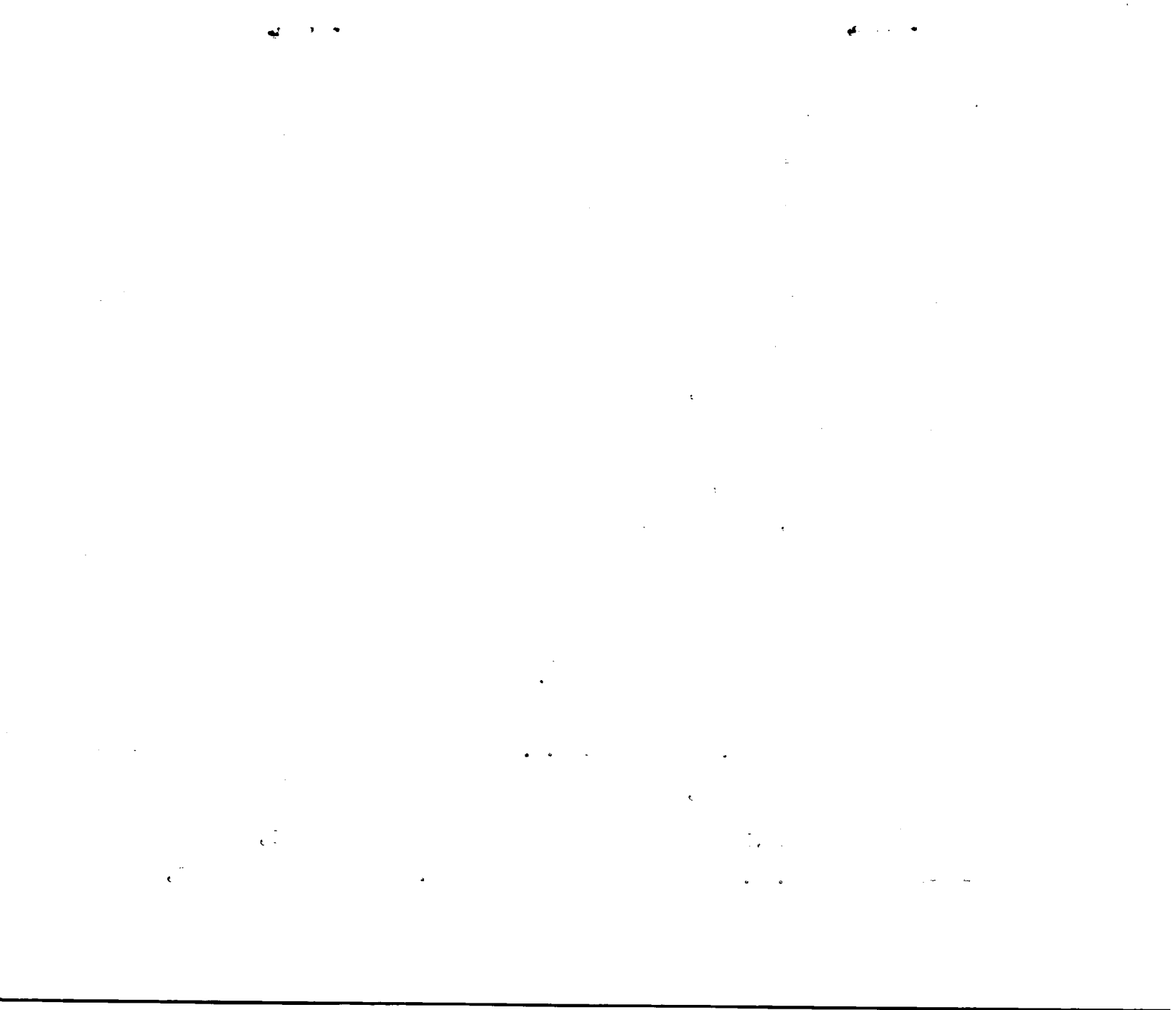
016

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Downey		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McCammon	
c. FULL NAME OF HOSPITAL OR INSTITUTION Marsh Valley Hospital		d. STREET ADDRESS (If rural, give location) --	
3. CHILD'S NAME (Type or Print) Baby Girl Dopp			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 12, 1957
7. FATHER'S NAME a. (First) Ariel b. (Middle) James c. (Last) Dopp		8. COLOR OR RACE White	
9. AGE (At time of this birth) 46 YEARS	10. BIRTHPLACE (State or foreign country) Lewiston, Utah	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Diesel Motors
12. MOTHER'S MAIDEN NAME a. (First) Thelda b. (Middle) Orchard c. (Last) Stella		13. COLOR OR RACE White	
14. AGE (At time of this birth) 41 YEARS	15. BIRTHPLACE (State or foreign country) Burley, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 1	
17. INFORMANT Ariel J Dopp			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept 14-56 - neg.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Congenital - Perhaps brain maldevelopment	
		20b. MATERNAL CAUSES None known	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dr. C. B. Smith	
		23b. DATE SIGNED 2-12-57	
23c. ATTENDANT'S ADDRESS DOWNEY IDAHO		24. SIGNATURE OF AUTHORIZED OFFICIAL Harold H. Denson	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Feb. 2, 1957	
25c. NAME OF CEMETERY OR CREMATORY McCammon, Cemetery		25d. LOCATION (City, town, or county) (State) McCammon, Idaho	
DATE REC'D BY LOCAL REG.		26. FUNERAL DIRECTOR Harold H. Denson	
REGISTRAR'S SIGNATURE		ADDRESS Melad, Idaho	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **017**
Local Reg. No. **2003**
Reg. Dist. No. **420**

1. PLACE OF STILLBIRTH a. COUNTY Gooding b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Memorial Hospital			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls d. STREET ADDRESS (If rural, give location) 426 Locust Street		
3. CHILD'S NAME (Type or Print) Ronald John Alexander					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 15, 1957		
7. FATHER'S NAME a. (First) John b. (Middle) c. (Last) Alexander		8. COLOR OR RACE White			
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Gooding, Idaho	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) Faye b. (Middle) c. (Last) Julian		13. COLOR OR RACE White			
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) Buhl, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT John Alexander, Twin Falls, Idaho					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Breech Presentation 20b. MATERNAL CAUSES Toxemia Mother - prolapsus cord			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) F. E. Barrett, M.D.		23b. DATE SIGNED 2-19-57	
		23c. ATTENDANT'S ADDRESS Gooding, Idaho	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE Feb 16, 1957	25c. NAME OF CEMETERY OR CREMATORY Buhl City Cemetery	25d. LOCATION (City, town, or county) (State) Buhl, Idaho		
DATE REC'D BY LOCAL REG. 2-23-57	REGISTRAR'S SIGNATURE J. H. Cronwell		26. FUNERAL DIRECTOR ADDRESS Dale I. Christensen Buhl, Idaho		



Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

FEB 27 1957

STATE OF IDAHO

State File No. _____
Local Reg. No. 2003
Reg. Dist. No. 420

BIRTH NO. _____

1. PLACE OF DEATH Division of Vital Statistics a. COUNTY Gooding		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gooding Memorial Hospital		d. STREET ADDRESS (If rural, give location) 426 Locust Street	
3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) John c. (Last) Alexander		4. DATE OF DEATH (Month) (Day) (Year) February 15, 1957	
5. SEX Male	6. COLOR OR RACE caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 15, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.
11. BIRTHPLACE (State or foreign country) Gooding, Idaho		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Alexander		14. MOTHER'S MAIDEN NAME Faye Julian	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S OWN SIGNATURE <i>John Alexander</i>		ADDRESS Twin Falls, Idaho	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stillborn</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>For Miss Mother</i> DUE TO (c) <i>Placental Cord</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>at birth</i> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>12:45 a.m.</i>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>R.E. Owens M.D.</i>		23b. ADDRESS <i>Gooding Idaho</i>	23c. DATE SIGNED <i>2/19/57</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Feb. 16, 1957	24c. NAME OF CEMETERY OR CREMATORY Buhl City Cemetery	24d. LOCATION (City, town, or county) (State) Buhl Idaho
DATE REC'D BY LOCAL REG. <i>2-23-57</i>		REGISTRAR'S SIGNATURE <i>L.H. Cromwell</i>	
5. FUNERAL DIRECTOR <i>Nate J. Christensen</i>		ADDRESS Buhl, Idaho	

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

- (a) knowingly supply false information to any one connected with completing a death certificate;
- (b) neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
- (c) remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
- (d) alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Dale I. Christensen Lic. No. E 428 at Buhl, Idaho on 2/15/57
ADDITIONAL REMARKS by Physician.....

RECEIVED

(1949 Revision of Standard Certificate)

MAR 11 1957

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

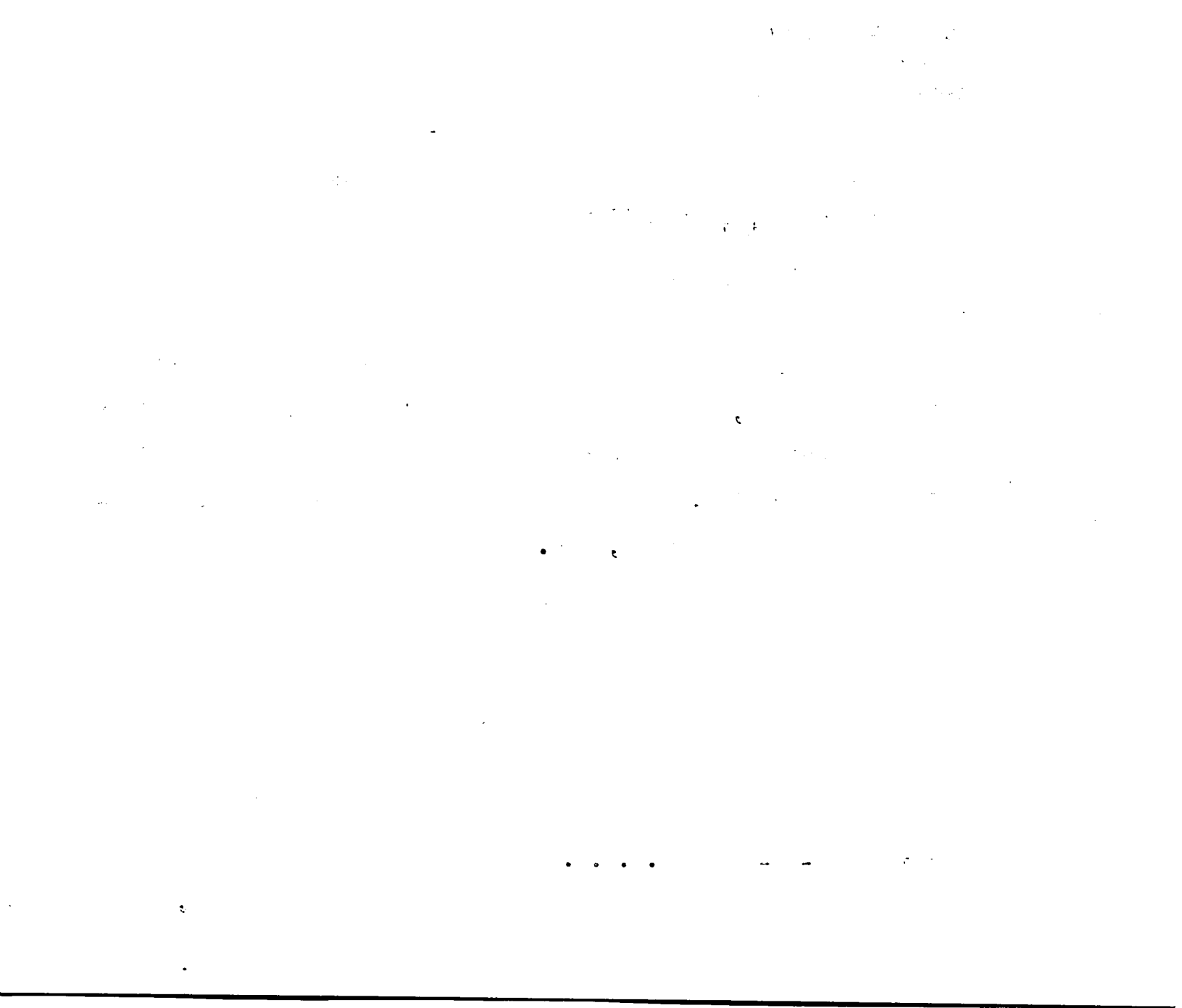
State File No.

018

Local Reg. No. 8

Reg. Dist. No. 242

1. PLACE OF STILLBIRTH a. COUNTY Idaho		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cottonwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Craigmont	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL Our Lady of Consolation Hospital INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Stanley Lee Jacks			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 2 - 19 - 1957
7. FATHER'S NAME a. (First) James b. (Middle) Stanley c. (Last) Jacks		8. COLOR OR RACE white	
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Troy, Idaho	11a. USUAL OCCUPATION Attendant	11b. KIND OF BUSINESS OR INDUSTRY Service Station
12. MOTHER'S MAIDEN NAME a. (First) Marion b. (Middle) Rosemary c. (Last) Melcum		13. COLOR OR RACE white	
14. AGE (At time of this birth) 16 YEARS	15. BIRTHPLACE (State or foreign country) Orofino, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT James L. Jacks Craigmont, Ida.			
18a. LENGTH OF PREG. NANCY 38 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 1st trimester pregnancy - Rh negative	
		20b. MATERNAL CAUSES Velvix deformity with dislocation of fetal head & pelvis	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Med. an. Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:50 P. m.		23a. ATTENDANT'S SIGNATURE R. H. Collins	23b. DATE SIGNED 2-20-57
23a. ATTENDANT'S ADDRESS Craigmont Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Wesley E. Orr, M.D.
25a. BURIAL, CREMATION, REMOVAL. (Specify) Burial	25b. DATE 2-20-57	25c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	25d. LOCATION (City, town, or county) (State) Craigmont Idaho
DATE REC'D BY LOCAL REG. 2-20-57	REGISTRAR'S SIGNATURE Wesley E. Orr, M.D.	26. FUNERAL DIRECTOR ADDRESS Wesley E. Orr, M.D. Craigmont, Idaho	



RECEIVED

49 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 019
Local Reg. No. 465
Reg. Dist. No. 440

FEB 23 1957

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Jerome</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jerome</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerome</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD Jerome</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>StBenedicts</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Kent Otto</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) <u>Feb</u> (Day) <u>8</u> (Year) <u>1957</u>
7. FATHER'S NAME a. (First) <u>Gary</u> b. (Middle) <u>Otto</u> c. (Last) <u>Otto</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Charlene</u> b. (Middle) <u>Hageman</u> c. (Last) <u>Hageman</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>X Gary D Otto</u>			
18a. LENGTH OF PREGNANCY WEEKS <u>6</u>	18b. WEIGHT AT BIRTH LBS. <u>0</u> OZS. <u>0</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>cord about neck tightly - two loops</u>		20a. FETAL CAUSES <u>cord about neck tightly - two loops</u> 20b. MATERNAL CAUSES <u>0</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>0</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>0</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:30 P.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>H. Carey Smail M.D.</u> 23b. DATE SIGNED <u>7/11/57</u> 23c. ATTENDANT'S ADDRESS <u>Jerome Idaho</u> If NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>FOR Wiley</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Feb 9. 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Jerome</u>	25d. LOCATION (City, town, or county) (State) <u>Jerome Idaho</u>
DATE REC'D BY LOCAL REG. <u>Feb. 15, 1957</u>	REGISTRAR'S SIGNATURE <u>Sister M. Rose, O.S.A.</u>	26. FUNERAL DIRECTOR <u>FOR Wiley</u> ADDRESS <u>Jerome Idaho</u>	

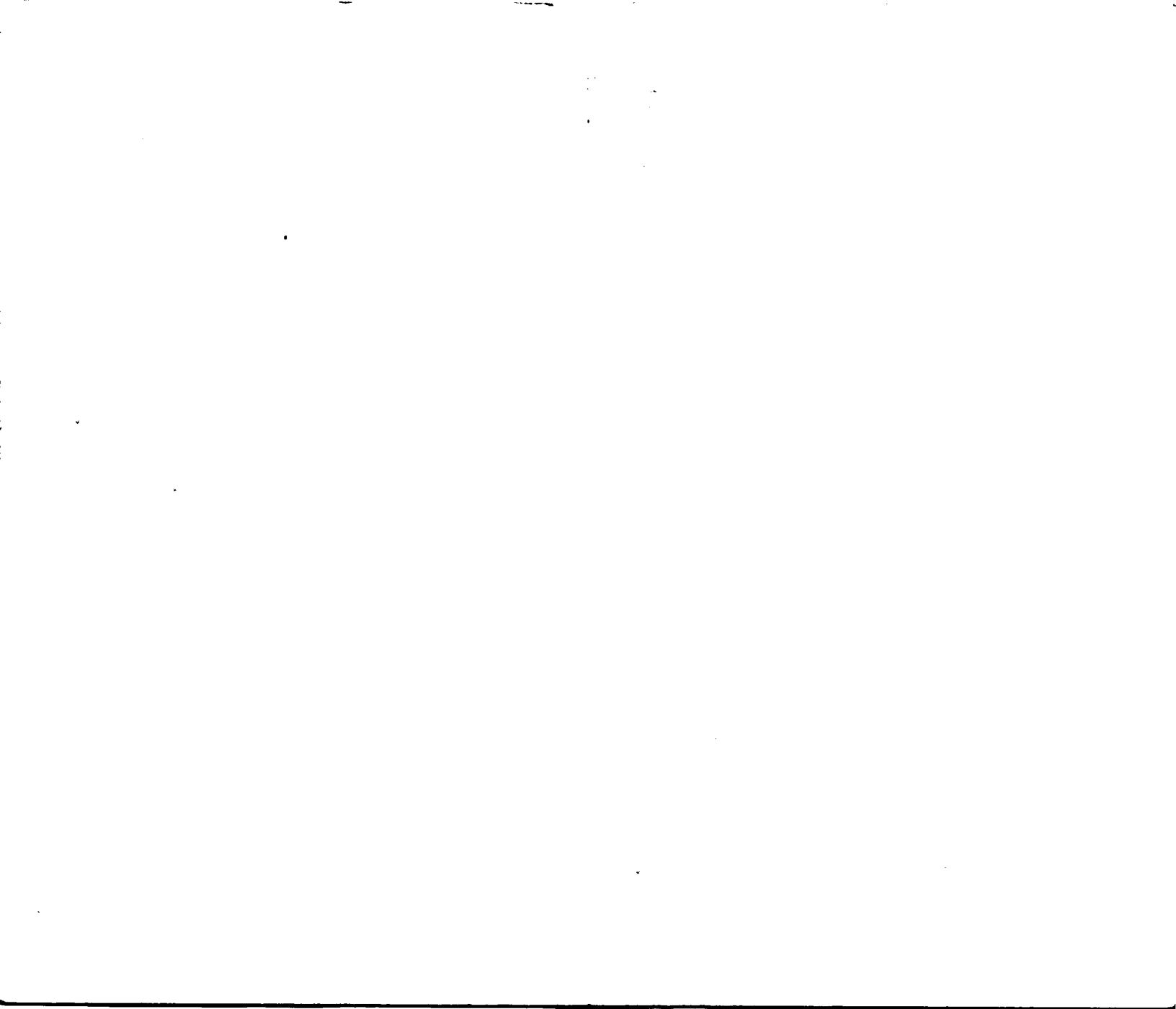


(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH RECEIVED State of Idaho

State File No. **020**
Local Reg. No. **1**
Reg. Dist. No. **120**

1. PLACE OF STILLBIRTH a. COUNTY Kootenai Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City Hospital		d. STREET ADDRESS (If rural, give location) 711 River St.	
3. CHILD'S NAME (Type or Print) Infant Boy Fountain			
4. SEX	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 2/16/1957
7. FATHER'S NAME a. (First) Gary b. (Middle) c. (Last) Fountain		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Coeur d'Alene, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Kaiser Aluminum Co.
12. MOTHER'S MAIDEN NAME a. (First) Gilda b. (Middle) Joy c. (Last) Gray		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Coeur d'Alene, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Gary Fountain			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept. 1956	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES anoxia		
	20b. MATERNAL CAUSES placenta praevia		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR placenta praevia		22. STATE ALL OPERATIONS FOR DELIVERY cesarian section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE Isabelle Boulay, MD		23b. DATE SIGNED 2-18-57
	23c. ATTENDANT'S ADDRESS Coeur d'Alene, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Frank Morse TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 2/18/1957	25c. NAME OF CEMETERY OR CREMATORY St. Thomas Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho
DATE REC'D BY LOCAL REG. Feb. 28, 1957		26. FUNERAL DIRECTOR ADDRESS Yates-Morse Funeral Home, Coeur d'Alene, Ida.	



RECEIVED
MAR 19 1957
Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 021

Local Reg. No. 220

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY New Perce b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Culdesac d. STREET ADDRESS (If rural, give location) Box 122		
3. CHILD'S NAME (Type or Print) BABY GIRL JOHNSON					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 26, 1957
7. FATHER'S NAME a. (First) Jess b. (Middle) Franklin c. (Last) Johnson			8. COLOR OR RACE White		
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) New Mexico		11a. USUAL OCCUPATION Laborer-Forest Serv.		11b. KIND OF BUSINESS OR INDUSTRY Forestry
12. MOTHER'S MAIDEN NAME a. (First) Rosalee b. (Middle) Wanda c. (Last) Hammond			13. COLOR OR RACE White		
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Gifford, Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none		
17. INFORMANT Frank Hammond					
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 6 OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			20a. FETAL CAUSES Unbilical cord compression, possible		
			20b. MATERNAL CAUSES Eclampsia; probable endometritis		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Eclampsia			22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy, low forceps extraction		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:15 P.m.			23a. ATTENDANT'S SIGNATURE C. C. Hamilton, M.D.		23b. DATE SIGNED 3/9/57
			23c. ATTENDANT'S ADDRESS Lewiston, Idaho		23d. DATE SIGNED
24. SIGNATURE OF AUTHORIZED OFFICIAL W. E. Black		TITLE			
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Mar. 9, 1957	25c. NAME OF CEMETERY Normal Hill		25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 3/9/57	REGISTRAR'S SIGNATURE Cora Kinger		26. FUNERAL DIRECTOR Brower-Wann, W. E. Black		ADDRESS Lewiston, Idaho

Hamlin

RECEIVED

CERTIFICATE OF STILLBIRTH

APR 9 1957

State of Idaho

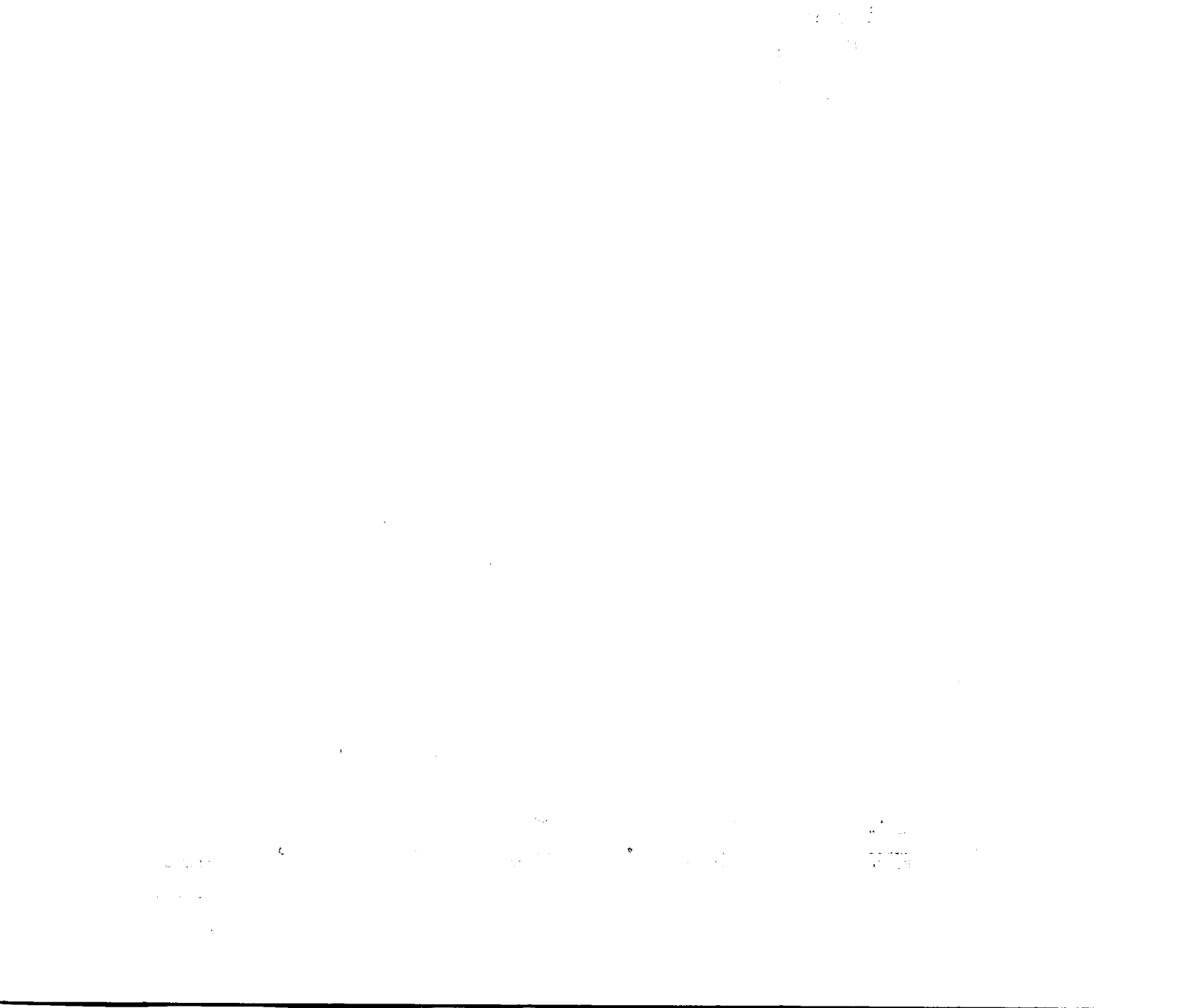
State File No.

Local Reg. No.

Reg. Dist. No.

 022
 127
 370

1. PLACE OF STILLBIRTH a. COUNTY <i>Ada</i> Division of Vital Statistics b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Boise</i> c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Luke's Hospital</i>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Idaho City</i> d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME ((Type or Print)) <i>Anglin</i>					
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>March 17 1957</i>		
7. FATHER'S NAME a. (First) <i>Harvey</i> b. (Middle) <i>W. Howard</i> c. (Last) <i>Anglin</i>		8. COLOR OR RACE <i>White</i>			
9. AGE (At time of this birth) <i>22</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>San Diego Calif.</i>	11a. USUAL OCCUPATION <i>Loggins</i>	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAREN NAME a. (First) <i>Rose</i> b. (Middle) <i>Mary</i> c. (Last) <i>Larsen</i>		13. COLOR OR RACE <i>White</i>			
14. AGE (At time of this birth) <i>21</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Boise Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>1</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>			
17. INFORMANT <i>Sharon B. Ross, Admin.</i> Hospital Records					
18a. LENGTH OF PREGNANCY <i>21</i> WEEKS	18b. WEIGHT AT BIRTH <i>6.5</i> LBS. <i>grams</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Feb 1957</i>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES <i>Premature separation of placenta</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>m.</i>		23a. ATTENDANT'S SIGNATURE <i>Sharon B. Ross</i>		(Specify if M. D., midwife, or other) 23b. DATE SIGNED <i>3.20.57</i>	
23c. ATTENDANT'S ADDRESS <i>Boise - Idaho</i>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Summers Funeral Home</i>		
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	25b. DATE <i>3/21/57</i>	25c. NAME OF CEMETERY OR CREMATORY <i>St. Luke's Hospital</i>	25d. LOCATION (City, town, or county) (State) <i>Boise, Idaho</i>		
DATE REC'D BY LOCAL REG. <i>3-29-57</i>	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR <i>Summers Funeral Home</i>			



PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED

1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

APR 9 1957

State of Idaho

State File No.

Local Reg. No. 124Reg. Dist. No. 370

1. PLACE OF STILLBIRTH (Division of Vital Statistics)

a. COUNTY

Ada

b. CITY (If outside corporate limits, write RURAL and give township)

OR

TOWN

Boise

c. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Alphonse

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Ada

c. CITY (If outside corporate limits, write RURAL and give township)

OR

TOWN

Boise

d. STREET
ADDRESS

(If rural, give location)

Box 2294

3. CHILD'S NAME

((Type or Print))

Infant Dennis

4. SEX

5a. THIS BIRTH

Female

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

March 22 1957

7. FATHER'S
NAME

a. (First)

b. (Middle)

c. (Last)

unknown

Dennis

8. COLOR OR RACE

white

9. AGE (At time of this birth)

unknown YEARS

10. BIRTHPLACE (State or foreign country)

unknown

11a. USUAL OCCUPATION

unknown

11b. KIND OF BUSINESS OR INDUSTRY

unknown

12. MOTHER'S
MAIDEN
NAME

a. (First)

b. (Middle)

c. (Last)

Orpha

Johnson

13. COLOR OR RACE

white

14. AGE (At time of this birth)

40 YEARS

15. BIRTHPLACE (State or foreign country)

Boise

17. INFORMANT

Grandmother

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many chil-
dren are now living?

4

b. How many children were
born alive but are now dead?c. How many OTHER
children were stillborn
(born dead after 20 weeks
pregnancy)?18a. LENGTH OF PREG-
NANCY

38 WEEKS

18b. WEIGHT AT BIRTH

9 LBS. 13 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date 2-18-57

CAUSE OF STILLBIRTH
State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

None

20b. MATERNAL CAUSES

Diabetes Chronic hypertension toxemia
dysmatur plus hypothyroidism toxemia congenital heart failure

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Breech presentation

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at 102 S 6 A. m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

310 West 7th Ave

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

23b. DATE SIGNED

3-27-57

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

25b. DATE

March 25 1957

25c. NAME OF CEMETERY OR CREMATORY

Idaho City

25d. LOCATION (City, town, or county)

Idaho City

Idaho

(State)

DATE REC'D BY LOCAL
REG.

3-28-57

REGISTRAR'S SIGNATURE

Myrtle Palmer

26. FUNERAL DIRECTOR

Schreiber-McCann-Gibson

ADDRESS

Boise

RECEIVED

(1949 Revision of Standard Certificate)

State File No. 024
Local Reg. No. 582
Reg. Dist. No.

MAR 26 1957 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Bear Lake</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u>	
b. CITY OR TOWN <u>Northside, Idaho</u>		c. CITY OR TOWN <u>Arden City, Utah</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bear Lake Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u></u>	
3. CHILD'S NAME ((Type or Print)) <u>Emily Hansen</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb-6-1957</u>
7. FATHER'S NAME a. (First) <u>Russell</u> b. (Middle) <u>L.</u> c. (Last) <u>Hansen</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho City, Idaho</u>	11a. USUAL OCCUPATION <u></u>	11b. KIND OF BUSINESS OR INDUSTRY <u></u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lela</u> b. (Middle) <u>Martha</u> c. (Last) <u>Sharp</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho City, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u></u>			
18a. LENGTH OF PREGNANCY WEEKS <u></u>	18b. WEIGHT AT BIRTH LBS. <u></u> OZS. <u></u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>10-22-56</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Umbilical cord around baby's neck</u> 20b. MATERNAL CAUSES <u>Occiput posterior position</u> <u>Marked edema of abdomen & thighs</u> <u>perineum and legs</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Forceps Delivery</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Perineum lateral + repaired</u> <u>incision of perineum</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>Spencer High</u>	23b. DATE SIGNED <u>Feb 26-1957</u>
23c. ATTENDANT'S ADDRESS <u>Box 16 Paris Idaho</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u></u> TITLE <u></u>
25a. BURIAL CREMATION, REMOVAL (Specify) <u>Buried</u>	25b. DATE <u>Feb 8-57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Arden City Cemetery, Arden City, Utah</u>	25d. LOCATION (City, town, or county) (State) <u>Utah</u>
DATE RECD BY LOCAL REG. <u>3/26/57</u>	REGISTRAR'S SIGNATURE <u>N. K. Hargis</u>	26. FUNERAL DIRECTOR <u>W. L. Hargis</u> ADDRESS <u>Northside, Idaho</u>	

(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
APR 22 1957 **State of Idaho**

State File No. 025
Local Reg. No. 13
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH: a. COUNTY <u>Beneva</u> b. CITY OR TOWN <u>St. Maries, Idaho</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Maries Hosp. & Clinic</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u> c. CITY OR TOWN <u>Clarkia</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME ((Type or Print)) <u>Baby</u> <u>PHILLIPS</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 25, 1957</u>
7. FATHER'S NAME a. (First) <u>Clarence</u> b. (Middle) <u>Walter</u> c. (Last) <u>Phillips</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>70</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Buelsgapp, Tenn.</u>	11a. USUAL OCCUPATION <u>Retired</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Fanny</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Weeks</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Monroe, Nebr.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>- 11 -</u> b. How many children were born alive but are now dead? <u>- - -</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>- - -</u>	
17. INFORMANT <u>Clarence W. Phillips,</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>11</u> LBS. <u>1 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <u>X</u> No. Approximate date <u>January, 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Strangulation (Placenta around neck of large baby)</u>	
		20b. MATERNAL CAUSES <u>occiput Posterior - long labor</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Post Partum Hemorrhage</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Forceps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>E. Sullivan M.D.</u>		23b. DATE SIGNED <u>15 Apr 57</u>
	23c. ATTENDANT'S ADDRESS <u>St. Maries Idaho</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4-6-1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	25d. LOCATION (City, town, or county) (State) <u>St. Maries Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-16-57</u>	REGISTRAR'S SIGNATURE <u>John R. Hanley</u>	26. FUNERAL DIRECTOR'S ADDRESS <u>Paul E. Branning</u>	<u>St. Maries, Idaho</u>

RECEIVED

(10-0 Revision of Standard Certificate)

APR 10 1957 CERTIFICATE OF STILLBIRTH

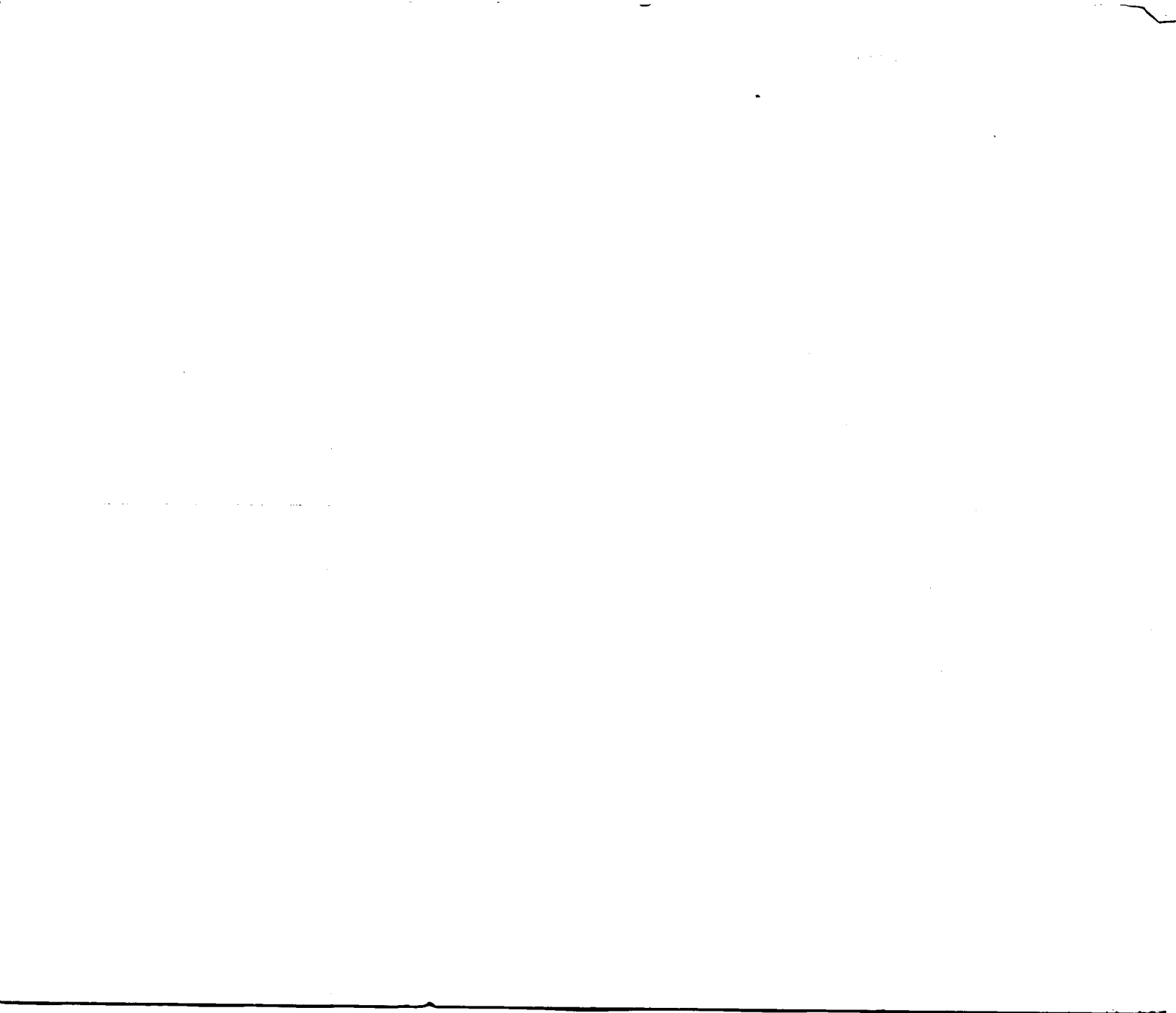
Division of Vital Statistics State of Idaho

State File No. 026

Local Reg. No. 1

Reg. Dist. No. 34.3

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eagle	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) Rt. # 1.	
3. CHILD'S NAME (Type or Print) Sherrill Riggs			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 16, 1957
7. FATHER'S NAME a. (First) Gerald b. (Middle) Parker c. (Last) Riggs			8. COLOR OR RACE White
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Tolton, Kansas	11a. USUAL OCCUPATION Window cleaner	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Eileen b. (Middle) Rose c. (Last) Palmer			13. COLOR OR RACE White
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? ONE b. How many children were born alive but are now dead? ONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Gerald Riggs, Eagle, Idaho.			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythroblastosis Fetalis	
		20b. MATERNAL CAUSES Rh - negative	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Rise in Rh titre		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. C. Horton Jr M.D.	
23b. DATE SIGNED 3-25-57		23c. ATTENDANT'S ADDRESS Nampa, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Ben Robison		TITLE Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3/18/57	25c. NAME OF CEMETERY OR CREMATORY Meridian	25d. LOCATION (City, town, or county) (State) Meridian Idaho
DATE REC'D BY LOCAL REG. April 9, 1957		26. FUNERAL DIRECTOR Ben Robison	
REGISTRAR'S SIGNATURE M. J. Anderson		ADDRESS Meridian Idaho	



RECEIVED

(1949 Revision of Standard Certificate)

MAR 18 1957

CERTIFICATE OF STILLBIRTH**Division of Vital Statistics****State of Idaho**

State File No.

Local Reg. No.

Reg. Dist. No.

027

601

170

1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Minidoka	
b. CITY OR TOWN Burley		c. CITY OR TOWN Rupert - rural	
c. FULL NAME OF HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Charles George Blair			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 4, 1957
7. FATHER'S NAME a. (First) Russell b. (Middle) Blair c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Rupert, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Rose b. (Middle) Bernice c. (Last) Williams		13. COLOR OR RACE White	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Idahome, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Russell Blair R#2, Rupert, Idaho			
18. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Atelectasis	
		20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [Signature]	
23b. DATE SIGNED 3-6-57		23c. ATTENDANT'S ADDRESS Burley	
23d. SIGNATURE OF AUTHORIZED OFFICIAL [Signature]		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3-6-57	25c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery	25d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REG. 3-12-57	REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR [Signature]	ADDRESS Burley, Idaho

RECEIVED

(1949 Revision of Standard Certificate)

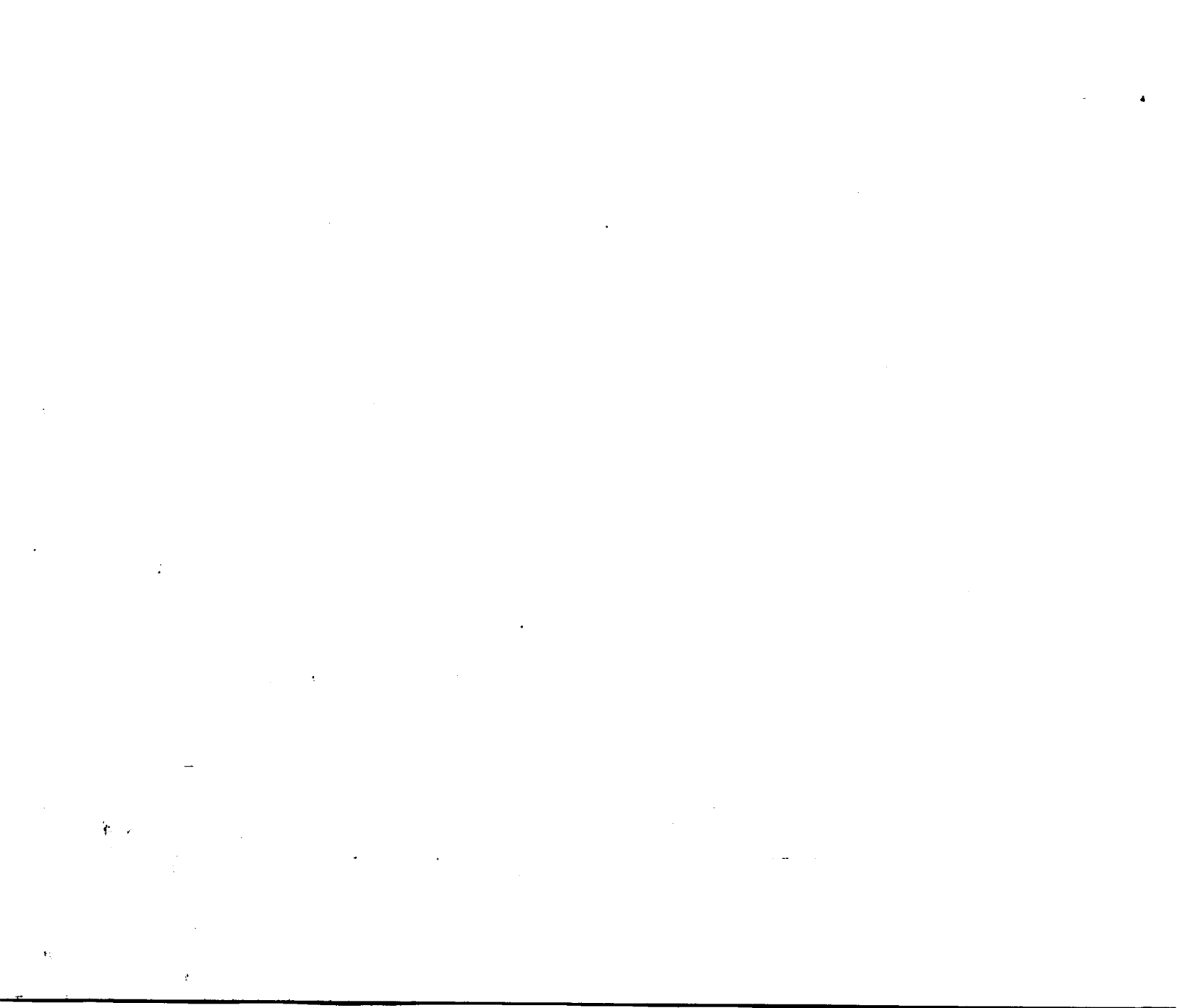
MAR 18 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. *C28*Local Reg. No. *2006*Reg. Dist. No. *420*

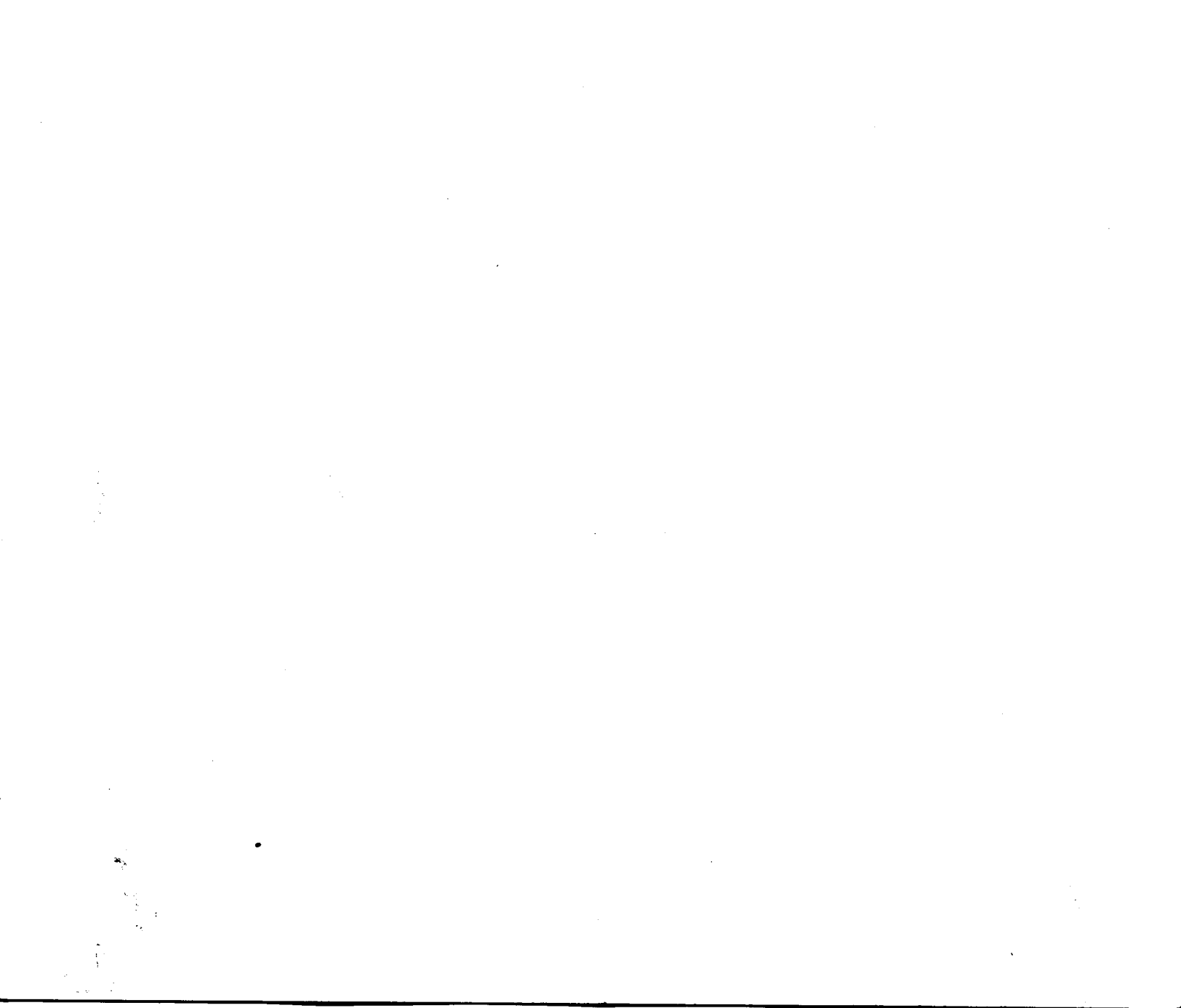
1. PLACE OF STILLBIRTH (If outside corporate limits, write RURAL and give township)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Gooding		a. STATE Idaho b. COUNTY Gooding	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding	
c. FULL NAME OF HOSPITAL OR INSTITUTION Gooding County Mem. Hosp		d. STREET ADDRESS Gooding, Idaho	
3. CHILD'S NAME (Type or Print) none			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 9, 1957
7. FATHER'S NAME a. (First) Julius b. (Middle) None c. (Last) Dyett		8. COLOR OR RACE W	
9. AGE (At time of this birth) 41 YEARS	10. BIRTHPLACE (State or foreign country) Salt Lake City Utah	11a. USUAL OCCUPATION Plasterers helper	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Helen Lorraine b. (Middle) Dyett c. (Last)		13. COLOR OR RACE W	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Milan, Wash	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? 3	b. How many children were born alive but are now dead? 1
17. INFORMANT <i>Helen Lorraine Dyett</i>		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prematurity.	
		20b. MATERNAL CAUSES Placental infarct January 27, 1957	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Marvin L. Hughes</i>	
23b. DATE SIGNED 3-14-57		23c. ATTENDANT'S ADDRESS Gooding, Idaho	
		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>M. J. Hammond, R.N.</i> TITLE <i>Administrator</i>
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 3-9-57	25c. NAME OF CEMETERY OR CREMATORY Gooding County Mem. Hosp.	25d. LOCATION (City, town, or county) (State) Gooding, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR <i>M. J. Hammond, R.N.</i> ADDRESS <i>Administrator</i>	



RECEIVED (Division of Standard Certificate)
CERTIFICATE OF STILLBIRTH
APR 12 1957 State of Idaho

State File No. 029
Local Reg. No. 11
Reg. Dist. No. 242

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY <u>Idaho</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Idaho</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cottonwood</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kenterville</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>Baby Boy Geis</u>					
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Mar 3 57</u>		
7. FATHER'S NAME a. (First) <u>George</u> b. (Middle) <u>H.</u> c. (Last) <u>Geis</u>		8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Cottonwood Idaho</u>	11a. USUAL OCCUPATION <u>Logger</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Logging</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Mildred</u> b. (Middle) <u>Ann</u> c. (Last) <u>Forsmann</u>		13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>16</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kenterville Ida</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were still born (born dead after 20 weeks pregnancy)? <u>None</u>			
17. INFORMANT <u>George Geis</u>					
18a. LENGTH OF PREGNANCY <u>18</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES <u>Premature Rupture of Membranes</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:00 P.</u> m.		23a. ATTENDANT'S SIGNATURE <u>W. G. Orr, M.D.</u>		23b. DATE SIGNED <u>Mar 4, 1957</u>	
23c. ATTENDANT'S ADDRESS <u>Cottonwood, Idaho</u>		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>Mar-4-57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	25d. LOCATION (City, town, or county) (State) <u>Kenterville Idaho</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 4, 1957</u>	REGISTRAR'S SIGNATURE <u>Wesley J Orr, M.D. by 77</u>	26. FUNERAL DIRECTOR <u>Clifton Alblorn</u>		ADDRESS <u>Cottonwood, Ida.</u>	



APR 4 1957

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 630

Local Reg. No. 690

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY <u>Lenhi</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Custer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salmon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Challis</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Steele Memorial</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Fisher</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Mar. 25, 1957</u>
7. FATHER'S NAME a. (First) <u>Paul</u> b. (Middle) <u>S.</u> c. (Last) <u>Fisher</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	11a. USUAL OCCUPATION <u>Rancher</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Mildred</u> b. (Middle) <u>C.</u> c. (Last) <u>Yeager</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>39</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Plenty Wood, Mont.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Paul Fisher</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct. 1956</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Asphyxia</u>	
		20b. MATERNAL CAUSES <u>Pre-eclamptic Toxemia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Pre-eclamptic Toxemia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>W. Moore, MD</u>	
23b. DATE SIGNED <u>3-27-57</u>		23c. ATTENDANT'S ADDRESS <u>Salmon, Idaho</u>	
23d. IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Richard C. Jones</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3-27-57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Challis</u>	25d. LOCATION (City, town, or county) (State) <u>Challis, Idaho</u>
DATE REC'D BY LOCAL REG. <u>3/30/57</u>	REGISTRAR'S SIGNATURE <u>Viola E. Johnson</u>	26. FUNERAL DIRECTOR <u>Richard C. Jones</u>	
		ADDRESS <u>Salmon, Idaho</u>	



RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

MAR 18 1957

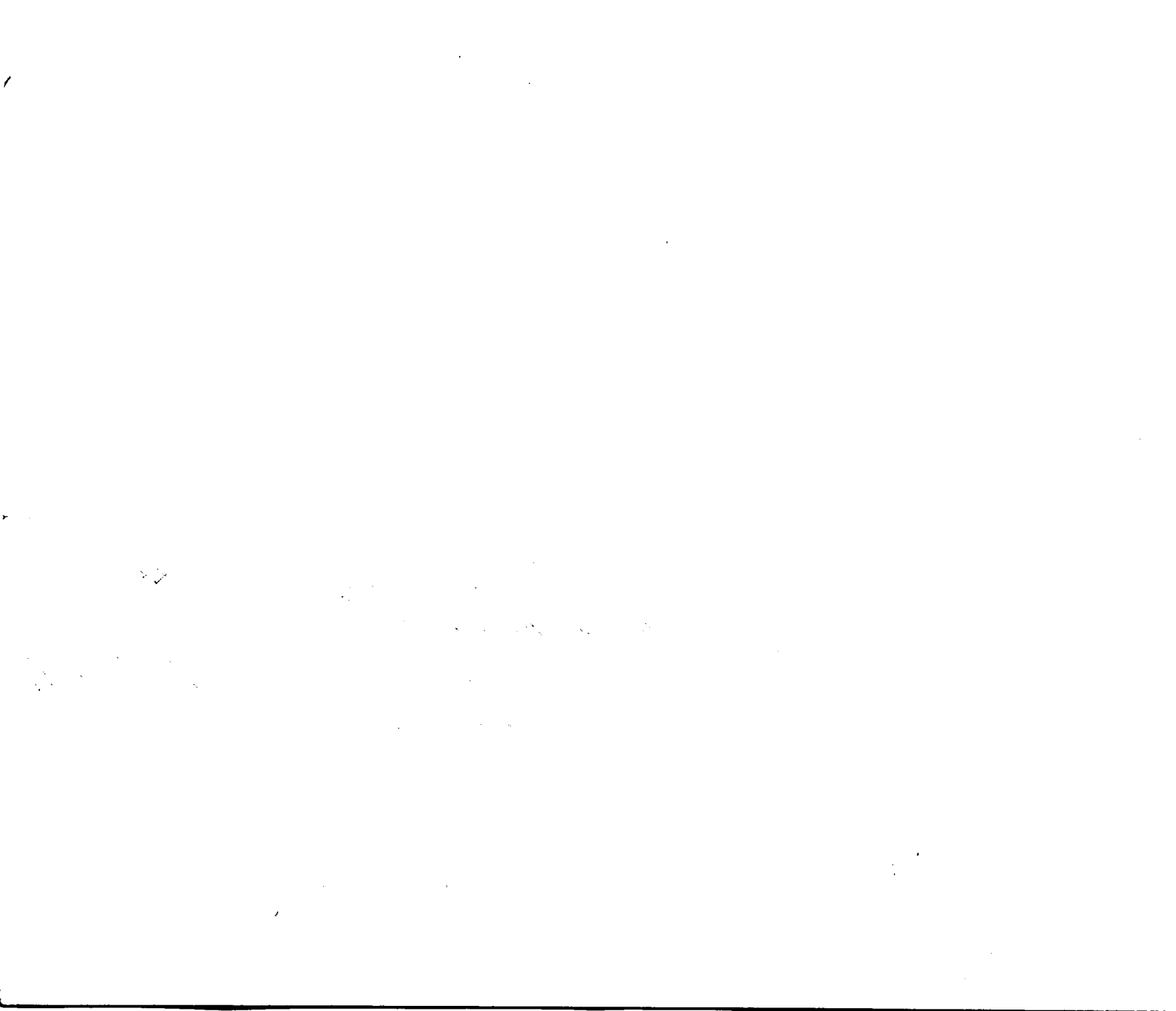
State of Idaho

State File No. 931

Local Reg. No. 16

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <i>Shoshone</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Shoshone</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kello99</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kello99</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Wardner Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>116 4 Alley</i>	
3. CHILD'S NAME (Type or Print) <i>Elmer Eugene Cable</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>March 1 1957</i>
7. FATHER'S NAME a. (First) <i>Richard</i> b. (Middle) <i>H</i> c. (Last) <i>Cable</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>25</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Opportunity Montana</i>	11a. USUAL OCCUPATION <i>Zinc Plant Worker</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Minning</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Bernice</i> b. (Middle) <i>McLean</i> c. (Last) <i>McLean</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>22</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Brewer Maine</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>3</i> b. How many children were born alive but are now dead? <i>None</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>	
17. INFORMANT <i>Richard H Cable</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>7 Dec 56</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>None known</i>	
		20b. MATERNAL CAUSES <i>Regeneration to separation of placenta</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Placenta detached at birth during this pregnancy</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>W. H. Jones M.D.</i>	
		23b. DATE SIGNED <i>17 MAR 57</i>	
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <i>Grant M. Glade Kellogg Idaho</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>3/5/57</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Kellogg</i>	25d. LOCATION (City, town, or county) (State) <i>Idaho</i>
DATE REC'D BY LOCAL REG. <i>3/6/57</i>	REGISTRAR'S SIGNATURE <i>Joe Larive</i>	26. FUNERAL DIRECTOR ADDRESS <i>Grant M. Glade Kellogg Idaho</i>	



RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

APR 3 1957

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

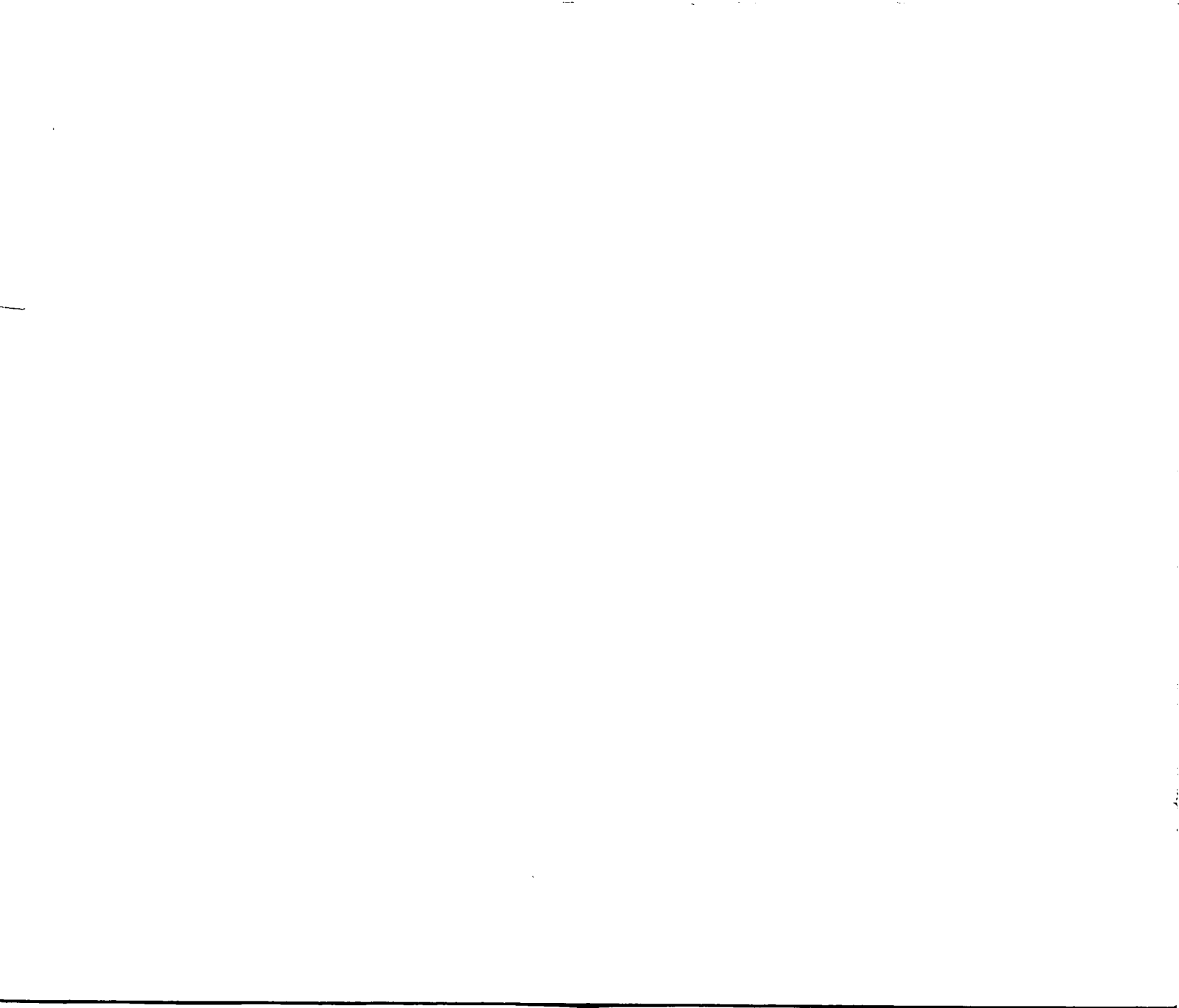
State of Idaho

State File No. 032

Local Reg. No. 065

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Filer	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route 2	
3. CHILD'S NAME (Type or Print) Baby Boy Wilson			
4. SEX, Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 2, 1957
7. FATHER'S NAME a. (First) Dale b. (Middle) Clark c. (Last) Wilson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Minnesota	11a. USUAL OCCUPATION Transport Driver	11b. KIND OF BUSINESS OR INDUSTRY Trucking
12. MOTHER'S MAIDEN NAME a. (First) Bulah b. (Middle) Eleanor c. (Last) Wilson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mother			
18a. LENGTH OF PREGNANCY 33 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 2 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date September 1956	
20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Premature separation placenta & cord & hemorrhage		20b. MATERNAL CAUSES Anemia & fibrinogen deficiency	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. D. Drake M.D.	
23b. DATE SIGNED 3 26 57		24. SIGNATURE OF AUTHORIZED OFFICIAL White	
23c. ATTENDANT'S ADDRESS		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3/26/57	25c. NAME OF CEMETERY OR CREMATORY Sunset Mem. Park	25d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. March 27, 1957		26. FUNERAL DIRECTOR White Funeral Home Twin Falls, Idaho	



RECEIVED

(1949 Revision of Standard Certificate)

APR 25 1957**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No.

Local Reg. No. 146Reg. Dist. No. 370**033**

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>305 S. Roosevelt</u>	
3. CHILD'S NAME (Type or Print) <u>Donald Earl Rhodes</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 14, 1957</u>
7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>S.</u> c. (Last) <u>Rhodes</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Salem, Ohio</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Iola</u> b. (Middle) c. (Last) <u>Vail</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>39</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Great Falls, Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>	
17. INFORMANT <u>Louella Vail</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Dec. '56</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>not known</u>	
		20b. MATERNAL CAUSES <u>Marginal Placenta Pravia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Carl Driscoll</u>	
23b. DATE SIGNED <u>3/15/57</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April 16, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Star Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Star, Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-15-57</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>H. E. Alden</u>	ADDRESS <u>Boise, Idaho</u>
McBratney-Alden Chapel			

Form DPH-48020

100-400
100-400
100-400

RECEIVED
CERTIFICATE OF STILLBIRTH

Date of Idaho

MAY 9 1957
Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Bonner		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonner	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bonner General Hospital		d. STREET ADDRESS (If rural, give location) General Delivery	
3. CHILD'S NAME (Type or Print) INFANT MC MURTREY			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 25, 1957
7. FATHER'S NAME a. (First) William b. (Middle) McMurtrey c. (Last) white		8. COLOR OR RACE white	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Missouri	11a. USUAL OCCUPATION general laborer	11b. KIND OF BUSINESS OR INDUSTRY general
12. MOTHER'S MAIDEN NAME a. (First) Pauline b. (Middle) Smith c. (Last) white		13. COLOR OR RACE white	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT William McMurtrey			
18a. LENGTH OF PREG-NANCY 40 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 4/9/57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None known		
	20b. MATERNAL CAUSES Toxemia of Pregnancy		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia of Pregnancy		22. STATE ALL OPERATIONS FOR DELIVERY Breech extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:07 a.m.		23a. ATTENDANT'S SIGNATURE John Peterson M.D.	23b. DATE SIGNED 5/7/57
23c. ATTENDANT'S ADDRESS Sandpoint Idaho		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Betty P. Moon TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE 4-30-57	25c. NAME OF CEMETERY OR CREMATORY Pinecrest Cemetery	25d. LOCATION (City, town, or county) (State) Sandpoint, Idaho
DATE REC'D BY LOCAL REG. 5/8/57	REGISTRAR'S SIGNATURE Andray Larrey	26. FUNERAL DIRECTOR ADDRESS Betty P. Moon Sandpoint, Idaho	



RECEIVED

(1949 Revision of Standard Certificate)

MAY 15 1957 **CERTIFICATE OF STILLBIRTH**

Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

036

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY OR TOWN Idaho Falls		c. CITY OR TOWN Idaho Falls	
c. FULL NAME OF HOSPITAL OR INSTITUTION L. D. S. Hospital		d. STREET ADDRESS (If rural, give location) 449 E. 16th Street	
3. CHILD'S NAME (Type or Print) BOYD MORTENSEN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 25 1957
7. FATHER'S NAME a. (First) Boyd b. (Middle) W. c. (Last) Mortensen		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Health Physicist	11b. KIND OF BUSINESS OR INDUSTRY Atomic Energy Commission
12. MOTHER'S MAIDEN NAME a. (First) Verla b. (Middle) Rae c. (Last) Hill		13. COLOR OR RACE White	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Boyd W. Mortensen</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Hydrops Fetalis (Erythroblastosis Fetalis)</i> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>J. D. Dain M.D.</i> 23b. DATE SIGNED 4-18-57 23c. ATTENDANT'S ADDRESS 23d. SIGNATURE OF AUTHORIZED OFFICIAL 23e. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE Mar. 27, 1957	25c. NAME OF CEMETERY OR CREMATORY Rexburg	25d. LOCATION (City, town, or county) (State) Rexburg Idaho
DATE REC'D BY LOCAL REG. May 6-1957		26. FUNERAL DIRECTOR <i>Orlando Buey</i> ADDRESS Idaho Falls, Idaho	

Ar. Brev. 10.

RECEIVED
CERTIFICATE OF STILLBIRTH

APR 22 1957

State of Idaho

State File No. 037

Local Reg. No. 64

Reg. Dist. No. 616

1. PLACE OF STILLBIRTH a. COUNTY Bonneville b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Idaho Falls c. FULL NAME OF HOSPITAL OR INSTITUTION LDS Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coltman d. STREET ADDRESS (If rural, give location) Rural-Idaho Falls Rt# 2	
3. CHILD'S NAME (Type or Print) Baby Boy Rasmussen			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 5, 1956
7. FATHER'S NAME a. (First) Albert b. (Middle) c. (Last) Rasmussen		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Bookkeeper	11b. KIND OF BUSINESS OR INDUSTRY Electrical Co.
12. MOTHER'S MAIDEN NAME a. (First) Ina b. (Middle) c. (Last) Wilkins		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Albert Rasmussen			
18a. LENGTH OF PREGNANCY full term	18b. WEIGHT AT BIRTH 8 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
18a. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Hydrops - Erythroblastosis fetalis Rh incompatibility 20b. MATERNAL CAUSES (autopsy performed)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY Spontaneous	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John Asten m g	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED 4-9-57	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 4/6/57	
25c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Pk		25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho	
DATE REC'D BY LOCAL REG. April 18-1957		REGISTRAR'S SIGNATURE Anna Budger	
26. FUNERAL DIRECTOR John A. Wood		ADDRESS Idaho Falls, Idaho	

John Hatch

RECEIVED

(1949 Revision of Standard Certificate)

038

MAY 3 1957 CERTIFICATE OF STILLBIRTH

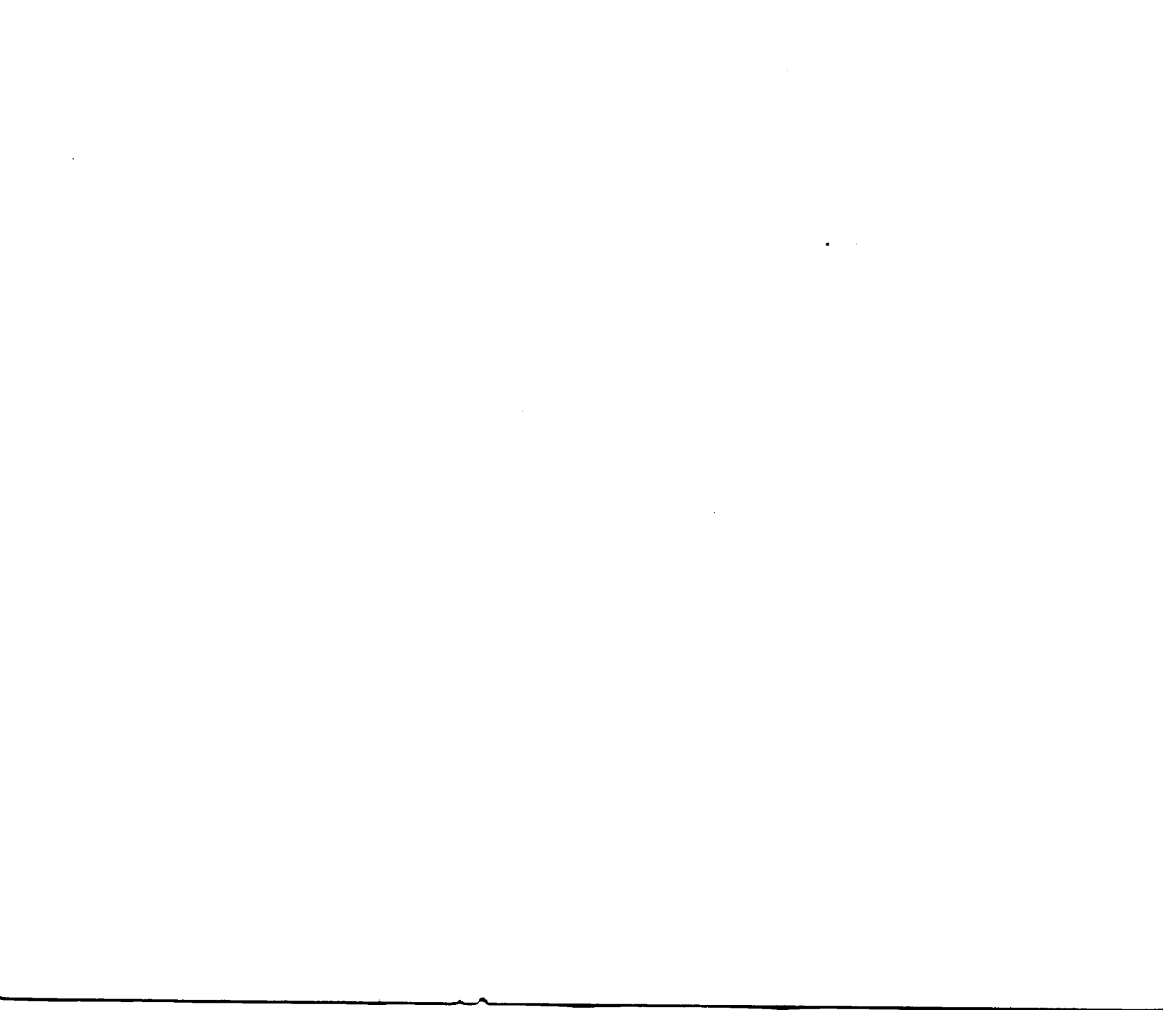
State of Idaho

State File No.

Local Reg. No. 73Reg. Dist. No. 610

Division of Vital Statistics

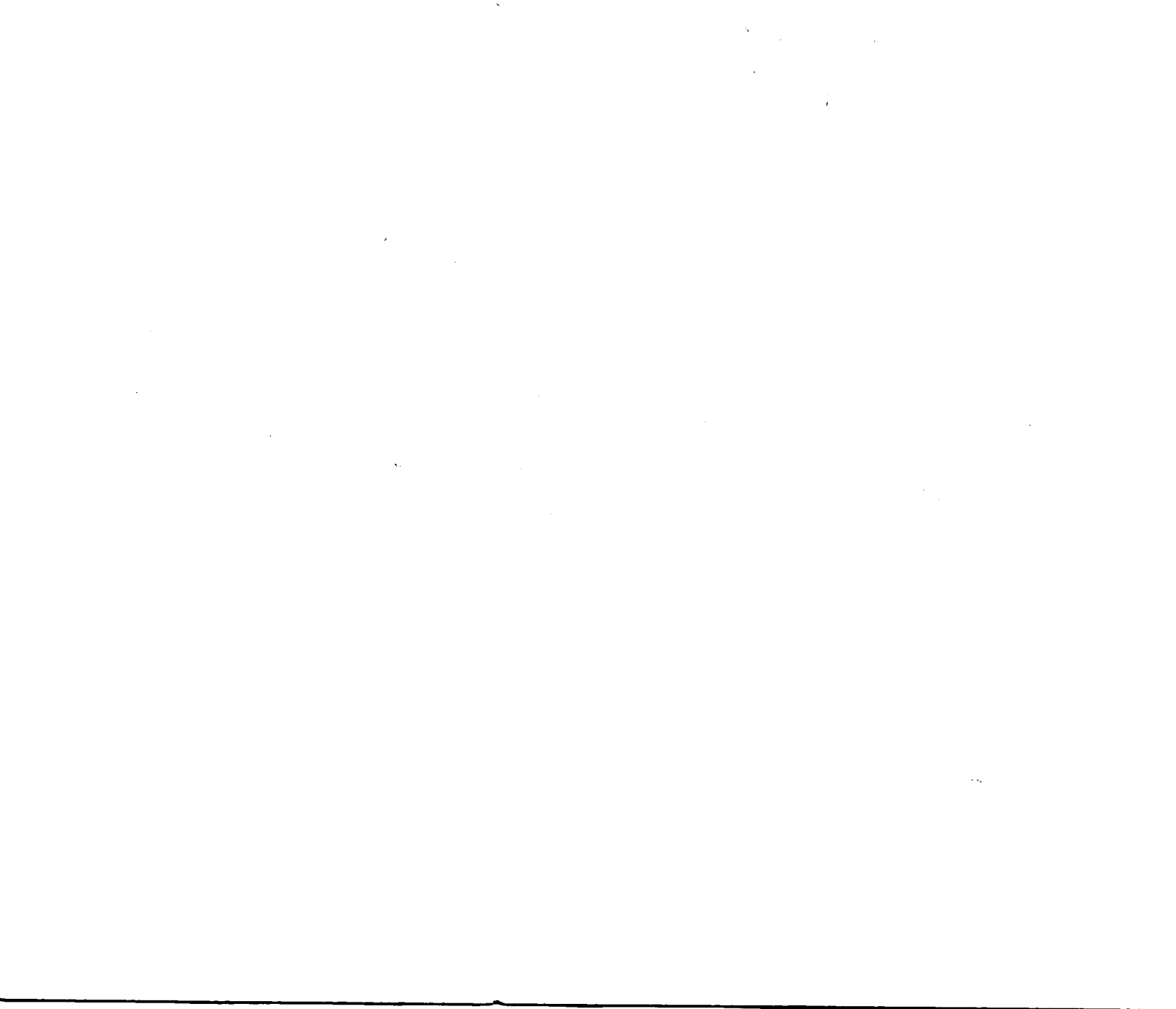
1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby	
c. FULL NAME OF HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location) 260 S. 3rd W.	
3. CHILD'S NAME (Type or Print) BABY BERRY			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 21, 1957
7. FATHER'S NAME a. (First) William b. (Middle) Clarence c. (Last) Berry		8. COLOR OR RACE White	
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Rigby, Idaho	11a. USUAL OCCUPATION Linoleum Mech.	11b. KIND OF BUSINESS OR INDUSTRY Floor Covering
12. MOTHER'S MAIDEN NAME a. (First) Lillian b. (Middle) c. (Last) Clark		13. COLOR OR RACE White	
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Teton, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Dr. C. Berry Jr.</i>			
18a. LENGTH OF PREGNANCY 24 WEEKS	19b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Prematurity</i>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:21 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Jack R. Carey M.D.</i>	
23b. DATE SIGNED 4/24/57		23c. ATTENDANT'S ADDRESS <i>Idaho Falls, Idaho</i>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>Bruce A. Eckersell</i>		23e. TITLE Physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE Apr. 21, 1957	25c. NAME OF CEMETERY OR CREMATORY Eckersell	25d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho
DATE REC'D BY LOCAL REG. May 1-1957	REGISTRAR'S SIGNATURE <i>Lena Budger</i>	26. FUNERAL DIRECTOR <i>Bruce A. Eckersell</i>	ADDRESS Rigby, Idaho.



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **039**
Local Reg. No. **83**
Reg. Dist. No. **618**

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby (Rural)	
c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart		d. STREET ADDRESS (If rural, give location) 3 mi. N. of Rigby	
3. CHILD'S NAME (Type or Print) BABY SMITHIES			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 24, 1957
7. FATHER'S NAME a. (First) Dayle b. (Middle) Freeman c. (Last) Smithies		8. COLOR OR RACE W	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Lorenzo, Idaho.	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Barbara b. (Middle) Berniece c. (Last) Holverson		13. COLOR OR RACE W	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT State Smithies			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Hydrops	
		20b. MATERNAL CAUSES Hydatidiform Mole & Abortion 12	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia & Hydatidiform Mole		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) David H. Smith, M.D.	
23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho		23b. DATE SIGNED 5-1-57	
24. SIGNATURE OF AUTHORIZED OFFICIAL Bruce A. Eckersall		TITLE Rigby, Idaho.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4/28/1957	25c. NAME OF CEMETERY OR CREMATORY Annis Little Butte	25d. LOCATION (City, town, or county) (State) Annis Jefferson Idaho.
DATE REC'D BY LOCAL REG. May 6-1957	REGISTRAR'S SIGNATURE Laura Budget	26. FUNERAL DIRECTOR Bruce A. Eckersall	



(1948 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
MAY 15 1957 **State of Idaho**

State File No. 040
Local Reg. No. 84
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>LDS Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> d. STREET ADDRESS (If rural, give location) <u>980 12th St.</u>	
3. CHILD'S NAME ((Type or Print)) <u>BABY GIRL DAVIS</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 25, 1957</u>
7. FATHER'S NAME a. (First) <u>Melvin</u> b. (Middle) c. (Last) <u>Davis</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Meatcutter</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Meat Market</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Florence</u> b. (Middle) c. (Last) <u>Allgood</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Melvin Davis</u>			
18a. LENGTH OF PREGNANCY <u>Term</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Undetermined</u>	
		20b. MATERNAL CAUSES <u>Undetermined</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Bleeding in 1st trimester</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Hilton T. Rees M.D.</u>	
		23b. DATE SIGNED <u>5-6-57</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <u>Ralph M. Wood</u> <u>Idaho Falls, Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4/26/57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 6-1957</u>	REGISTRAR'S SIGNATURE <u>Anna Budjes</u>		26. ADDRESS <u>Ralph M. Wood</u> <u>Idaho Falls, Idaho</u>

Rees

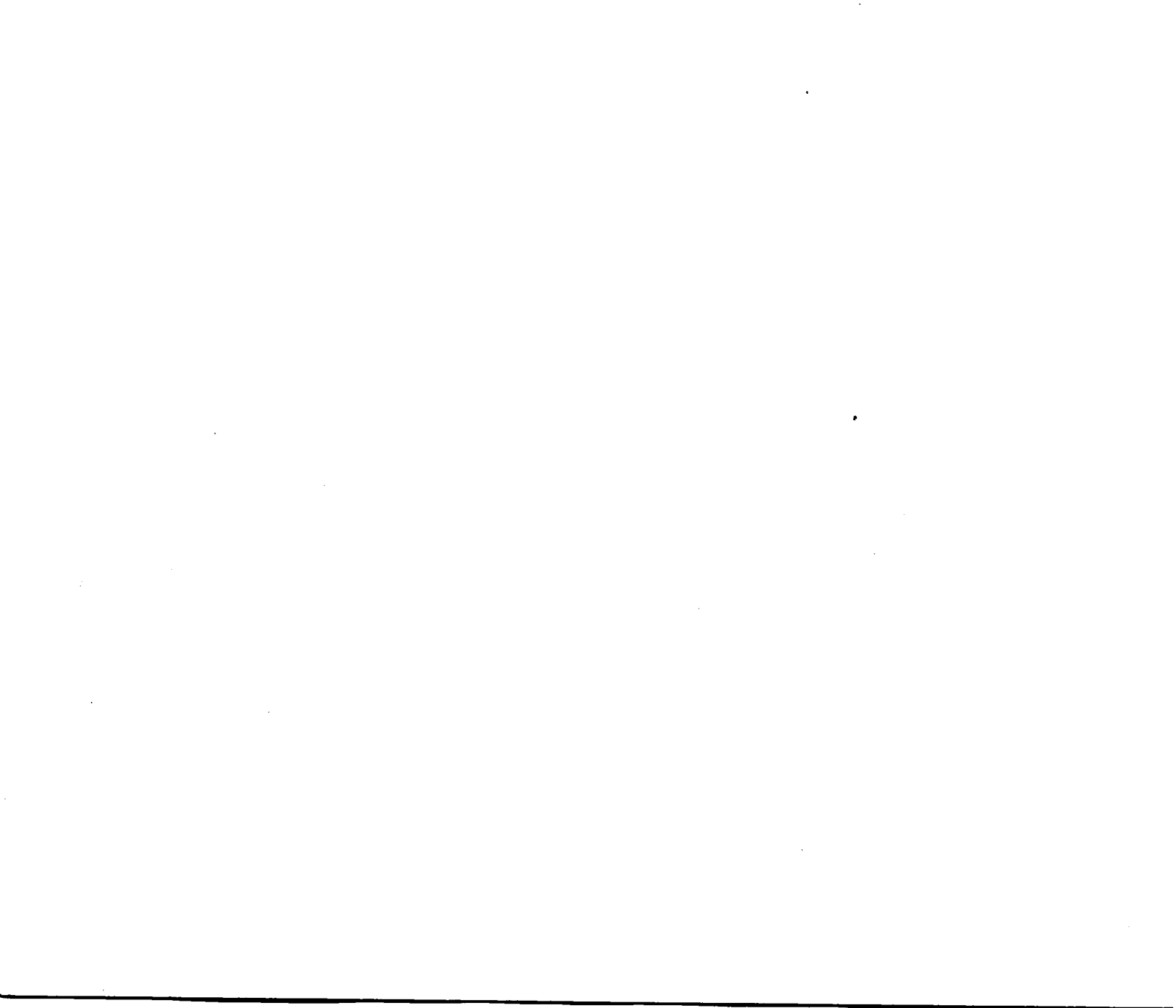
RECEIVED

(1949 Revision of Standard Certificate)
APR 15 1957
CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 041
Local Reg. No. 18-57
Reg. Dist. No. 102

1. PLACE OF STILLBIRTH a. COUNTY Boundary		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Boundary	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonnerr's Ferry		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonnerr's Ferry	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Community Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) James Neil Robinson			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 5, 1957
7. FATHER'S NAME a. (First) Neil b. (Middle) Robinson c. (Last) white		8. COLOR OR RACE	
9. AGE (At time of this birth) 22 yrs YEARS	10. BIRTHPLACE (State or foreign country) Wyoming	11a. USUAL OCCUPATION Logger	11b. KIND OF BUSINESS OR INDUSTRY Logging
12. MOTHER'S MAIDEN NAME a. (First) Geraldine b. (Middle) Bennett c. (Last) white		13. COLOR OR RACE	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Minnesota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Neil Robinson			
18a. LENGTH OF PREG-NANCY 42 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES acipus posterior	
		20b. MATERNAL CAUSES Premature separation of placenta Dystocia	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY & O.R.A. Low forceps extractio epiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:43 P.m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) Frederick W. Durose M.D.	
23b. ATTENDANT'S ADDRESS Bonnerr's Ferry, Idaho		23c. DATE SIGNED 4/10/57	
24. SIGNATURE OF AUTHORIZED OFFICIAL E. H. Whitney		TITLE Bonnerr's Ferry Idaho	
25a. BURIAL, CREMA-TION, REMOVAL (Specify) burial	25b. DATE 5/8/57	25c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery	25d. LOCATION (City, town, or county) (State) Boundary County Idaho



PHS-797(VS)

4-45

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED

CERTIFICATE OF STILLBIRTH

APR 16 1957 State of Idaho

State File No. 042
Local Reg. No. 2
Reg. Dist. No. 3.2.2

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY OR TOWN <u>Nampa</u>		c. CITY OR TOWN <u>Nampa</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>404 Daimond Street</u>	
3. CHILD'S NAME (Type or Print) <u>TRACI LYNN SCHELL</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 6 1957</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>Schell</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nampa, Idaho</u>	11a. USUAL OCCUPATION <u>Truck Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Oil Distributing</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Norma</u> b. (Middle) <u>Jean</u> c. (Last) <u>Drake</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nampa, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Charles W. Schell</u>			
18a. LENGTH OF PREGNANCY WEEKS <u>2</u>	18b. WEIGHT AT BIRTH LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>.....</u> No <u>.....</u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Atelectasis</u>	
		20b. MATERNAL CAUSES <u>Eclampsia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Eclampsia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Manual dilatation & version</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Joseph B. Marcuse</u>	23b. DATE SIGNED <u>April 10 1957</u>
23c. ATTENDANT'S ADDRESS <u>Nampa, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John F. Alsip</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April 11 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>(Near) Nampa, Canyon, Idaho</u>
DATE REC'D BY LOCAL REG. <u>April 12, 1957</u>	REGISTRAR'S SIGNATURE <u>Margaret</u>	26. FUNERAL DIRECTOR <u>John F. Alsip</u>	ADDRESS <u>Nampa, Idaho</u>
ALSIP FUNERAL CHAPEL			

This body embalmed under direction of Richard Reed Lic. No. E-440 at Nampa, Idaho on April 6'57.

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
APR 23 1957 State of Idaho

State File No. 043
Local Reg. No. 606
Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>	
b. CITY OR TOWN <u>Burley</u>		c. CITY OR TOWN <u>Heyburn</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D.</u>	
3. CHILD'S NAME (Type or Print) <u>Connie Lynn Sherfey</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 12, 1957</u>
7. FATHER'S NAME a. (First) <u>Kenneth</u> b. (Middle) <u>.</u> c. (Last) <u>Sherfey</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Cshkosh, Nebraska</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Renee</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Anderson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Oakley, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>No</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Y. Sherfey</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date <u>9-21-56</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Anoxemia in Uterus due to Placenta Abnormal</u> 20b. MATERNAL CAUSES <u>Placenta Abnormal (Fetal Placenta)</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Spontaneous & Ryan</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:03 p.m.</u>		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> (Specify if M. D., midwife, or other) <u>MD</u> 23b. DATE SIGNED <u>12 April 57</u>	
23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4/15/57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>	25d. LOCATION (City, town, or county) (State) <u>Burley, Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-17-57</u>		26. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Burley, Idaho</u>	

RECEIVED

(1949 Revision of Standard Certificate)

MAY 21 1957

Division of Vital Statistics

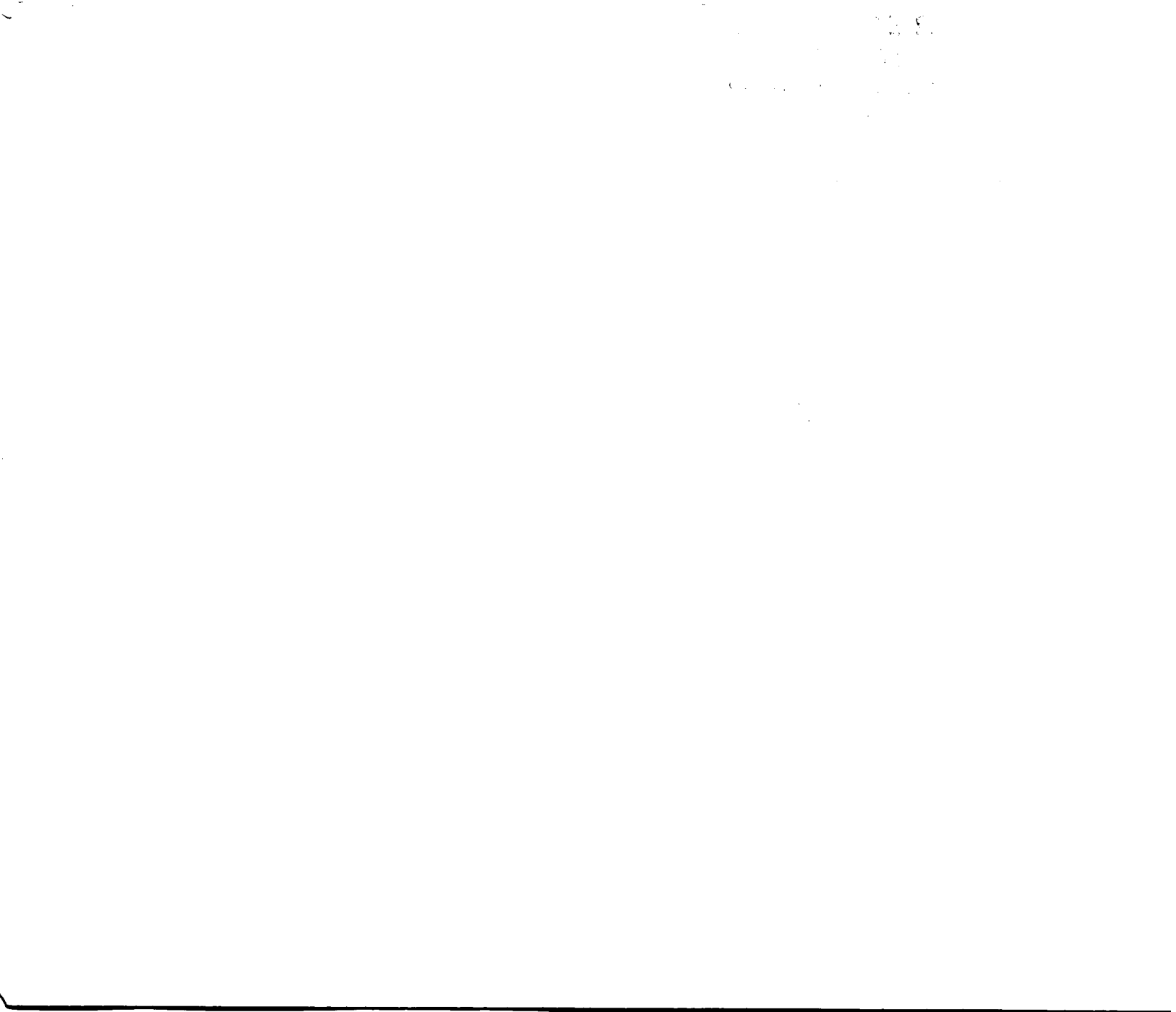
State of Idaho

State File No. 044

Local Reg. No. 258

Reg. Dist. No. 549

1. PLACE OF STILLBIRTH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Preston</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Route #3 Preston</u> (If outside corporate limits, write RURAL and give township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Memorial</u> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Arlene Bodily</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 29, 1957</u>
7. FATHER'S NAME a. (First) <u>Lawrence</u> b. (Middle) <u>C.</u> c. (Last) <u>Bodily</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>49</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Logan, Utah</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Henderson</u> c. (Last) <u>Henderson</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>45</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Clifton, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>five</u> b. How many children were born alive but are now dead? <u>one</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>one</u>	
17. INFORMANT <u>Mary H Bodily</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>8</u> OZS.	19. <u>was a standard serological test for syphilis performed? Yes..... No.....</u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u>	
		20b. MATERNAL CAUSES <u>- Secundum abortion</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Placenta - Secundum Abortion</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>D. R. Culler</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>4-29-57</u>
23c. ATTENDANT'S ADDRESS <u>Preston, Idaho</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL _____ TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April 30, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Whitney</u>	25d. LOCATION (City, town, or county) (State) <u>Preston, Idaho</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE _____	26. FUNERAL DIRECTOR <u>Arthur Webb</u> ADDRESS <u>Preston Idaho</u>	



RECEIVED

(Revision of Standard Certificate)

APR 29 1957
CERTIFICATE OF STILLBIRTH

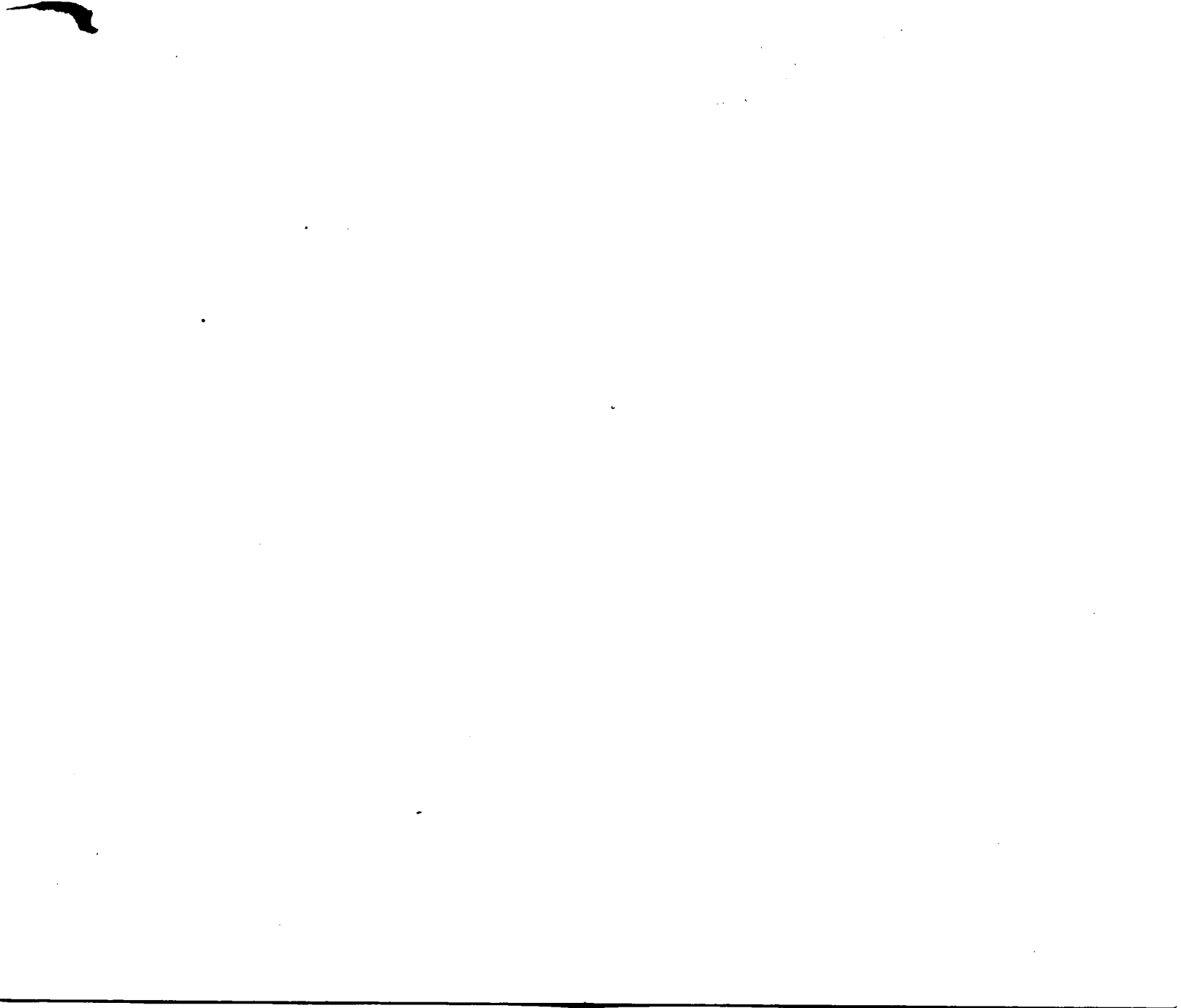
State of Idaho

State File No. 045

Local Reg. No. 487

Reg. Dist. No. 440

1. PLACE OF STILLBIRTH a. COUNTY JEROME		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY GOODING	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WENDELL RURAL	
c. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) SO, W.	
3. CHILD'S NAME (Type or Print)			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) APR. 21, 1957
7. FATHER'S NAME a. (First) MARVIN		b. (Middle) E	
c. (Last) RICHESON		8. COLOR OR RACE W	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) MOORE IDA.	11a. USUAL OCCUPATION FARMER	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) BEVERLY		b. (Middle) ANN	
c. (Last) RICHESON		13. COLOR OR RACE W	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) WENDELL	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? ONE	
		b. How many children were born alive but are now dead? NONE	
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT <i>Marvin E. Richeson</i>			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Probably Rh</i>	
		20b. MATERNAL CAUSES <i>Mother Rh neg, Father Rh +</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>No fetal movement last 3 days</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Low Forceps -</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>10:30</i> a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Harold G. Holsinger M.D.</i>	
23b. DATE SIGNED <i>4-23-57</i>		23c. ATTENDANT'S ADDRESS	
		If NOT attended by physician	
		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>J. [unclear] Weaver</i>	
		TITLE <i>Idaho</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	25b. DATE 4/23/57	25c. NAME OF CEMETERY OR CREMATORY WENDELL	25d. LOCATION (City, town, or county) (State) CITY IDA.
DATE REC'D BY LOCAL REG. 4/23/57		REGISTRAR'S SIGNATURE <i>Gynda Love</i>	
		26. FUNERAL DIRECTOR <i>J. [unclear] Weaver</i>	
		ADDRESS <i>Idaho</i>	



RECEIVED

(24) Revision of Standard Certificate

APR 17 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

Division of Vital Statistics

State File No.
Local Reg. No. 2
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Benewah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Maries</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>421 Coeur d'Alene Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Banderob</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 11 1957</u>
7. FATHER'S NAME a. (First) <u>Lawrence</u>		b. (Middle) <u>H.</u>	c. (Last) <u>Banderob</u>
8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Worden, Montana</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Rose</u>		b. (Middle) <u>M.</u>	c. (Last) <u>Hills</u>
13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>International Falls, Minn.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>Two</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Lawrence H. Banderob</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Asphyxia</u> <u>Tortured cord about neck</u>	
		20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Don Maseley, M.D.</u>	
23b. DATE SIGNED <u>4-11-57</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		25b. DATE <u>4-11-1957</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>St. Maries, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>April 12, 1957</u>		REGISTRAR'S SIGNATURE <u>Lorraine K. Brush</u>	
26. FUNERAL DIRECTOR <u>Don English</u>		ADDRESS <u>Coeur d'Alene, Idaho</u>	

W. H. H. H.

W. H. H. H.

W. H. H. H.

RECEIVED

MAY 7 1957

(1949 Revision of Standard Certificate)

Division of Vital Statistics

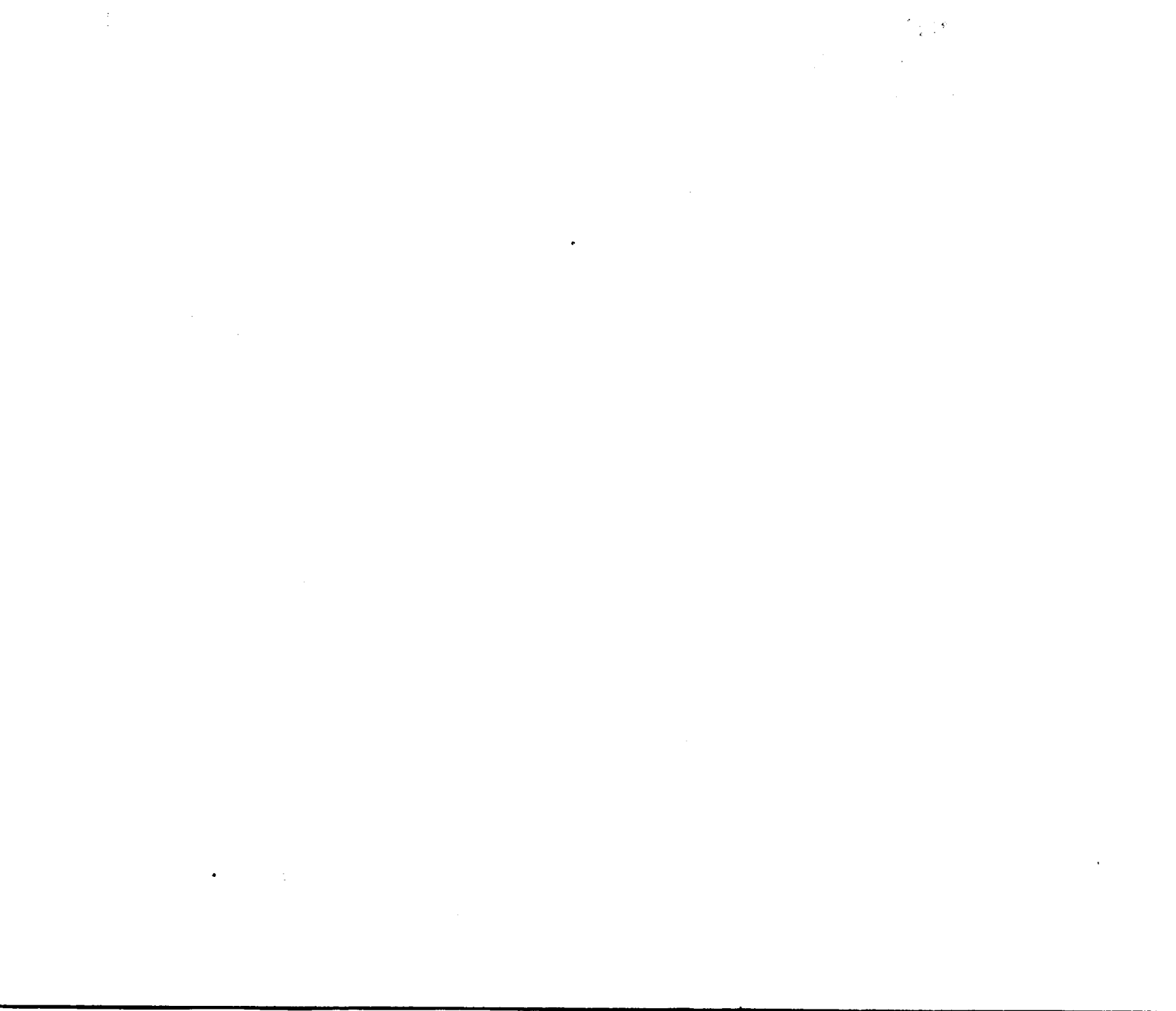
State of Idaho

State File No. 047

Local Reg. No. 3

Reg. Dist. No. 12.2

1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake City General Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u></u>	
3. CHILD'S NAME (Type or Print) <u>Infant Girl House</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4/27/1957</u>
7. FATHER'S NAME a. (First) <u>UNKNOWN</u> b. (Middle) <u></u> c. (Last) <u></u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) YEARS <u>20</u>	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>House</u>	11b. KIND OF BUSINESS OR INDUSTRY <u></u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Joan</u> b. (Middle) <u>May</u> c. (Last) <u>House</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) YEARS <u>20</u>	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Joan May House</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u></u> OZS. <u></u>	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u></u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u></u>		20a. FETAL CAUSES <u></u> 20b. MATERNAL CAUSES <u>Traumatic placental infection (auto accident 4-7-57)</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Lacerated liver 4-7-57</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>G. Barclay M.D.</u> (Specify M.D., midwife, or other)	23b. DATE SIGNED <u>5-2-57</u>
23c. ATTENDANT'S ADDRESS <u></u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Frank Morse</u> TITLE <u></u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>May 3, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Spokane</u>	25d. LOCATION (City, town, or county) (State) <u>Spokane, Wash.</u>
DATE REC'D BY LOCAL REG. <u>May 3, 1957</u>		25. FUNERAL DIRECTOR ADDRESS <u>Yates-Morse Funeral Home, Coeur d'Alene, Idaho</u>	



RECEIVED

(1948 Revision of Standard Certificate)

MAY 10 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

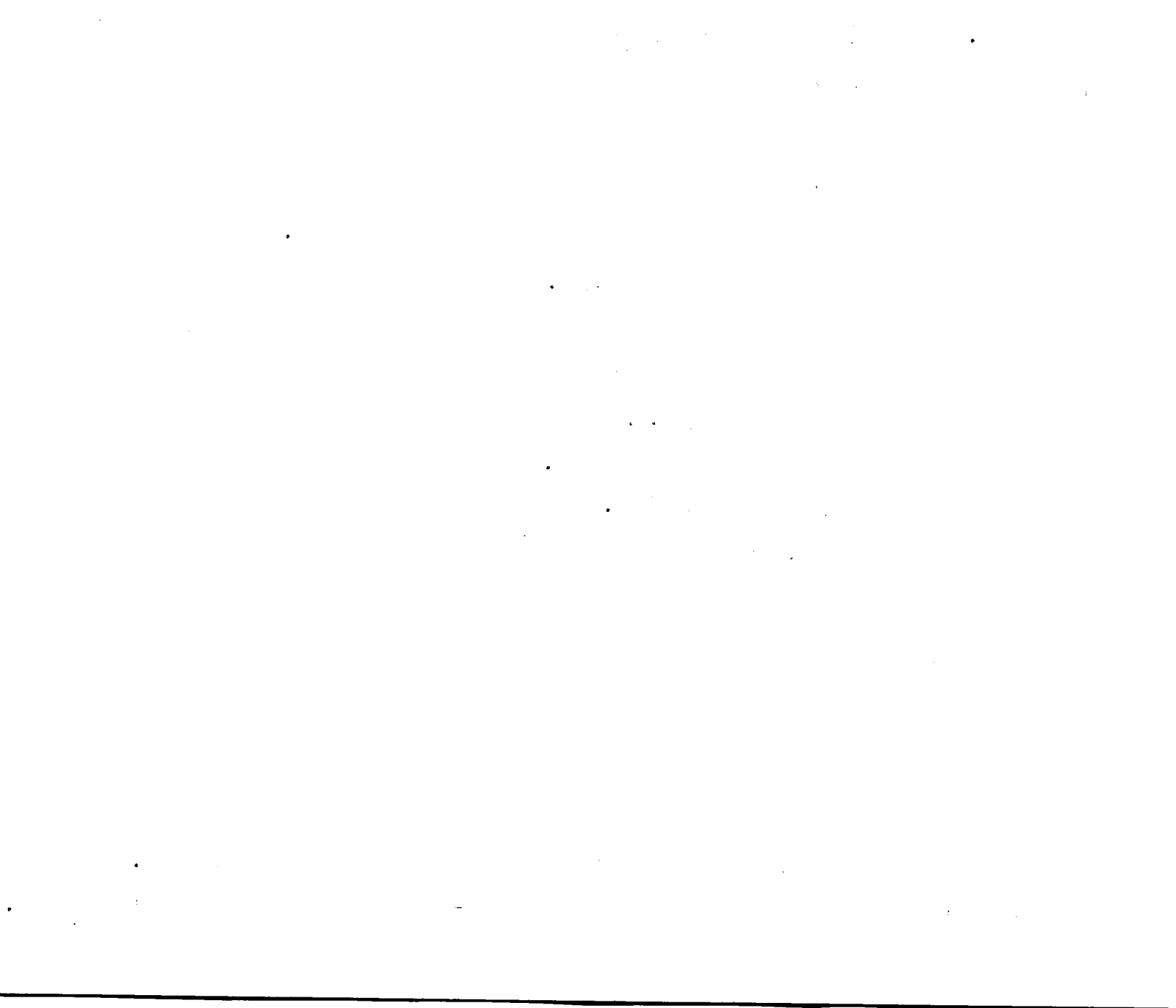
Division of Vital Statistics

State File No. 048

Local Reg. No. 4

Reg. Dist. No. 20

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Post Falls Rural	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital		d. STREET ADDRESS (If rural, give location) Route # 1.	
3. CHILD'S NAME (Type or Print) James Arnold Sams, Jr.			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4/30/1957
7. FATHER'S NAME a. (First) James b. (Middle) Arnold c. (Last) Sams		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Trail, B.C. Canada	11a. USUAL OCCUPATION Resaw Operator	11b. KIND OF BUSINESS OR INDUSTRY Sawmill, Lumber
12. MOTHER'S MAIDEN NAME a. (First) Ina b. (Middle) L. c. (Last) Bocook		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Sandpoint, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT James, Arnold Sams			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None.	
		20b. MATERNAL CAUSES marginal placenta praevia & abruptio praevia.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) William T. Wood, M.D.	
		23b. DATE SIGNED 5-3-'57	
23c. ATTENDANT'S ADDRESS Coeur d'Alene, Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5/4/1957	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho.
DATE REC'D BY LOCAL REG. May 6, 1957	REGISTRAR'S SIGNATURE Lorraine K. Brush	26. FUNERAL DIRECTOR ADDRESS Yates-Morse Funeral Home, Coeur d'Alene, Ida. Frank Morse	



RECEIVED

MAY 3 1957

(1949 Revision of Standard Certificate)

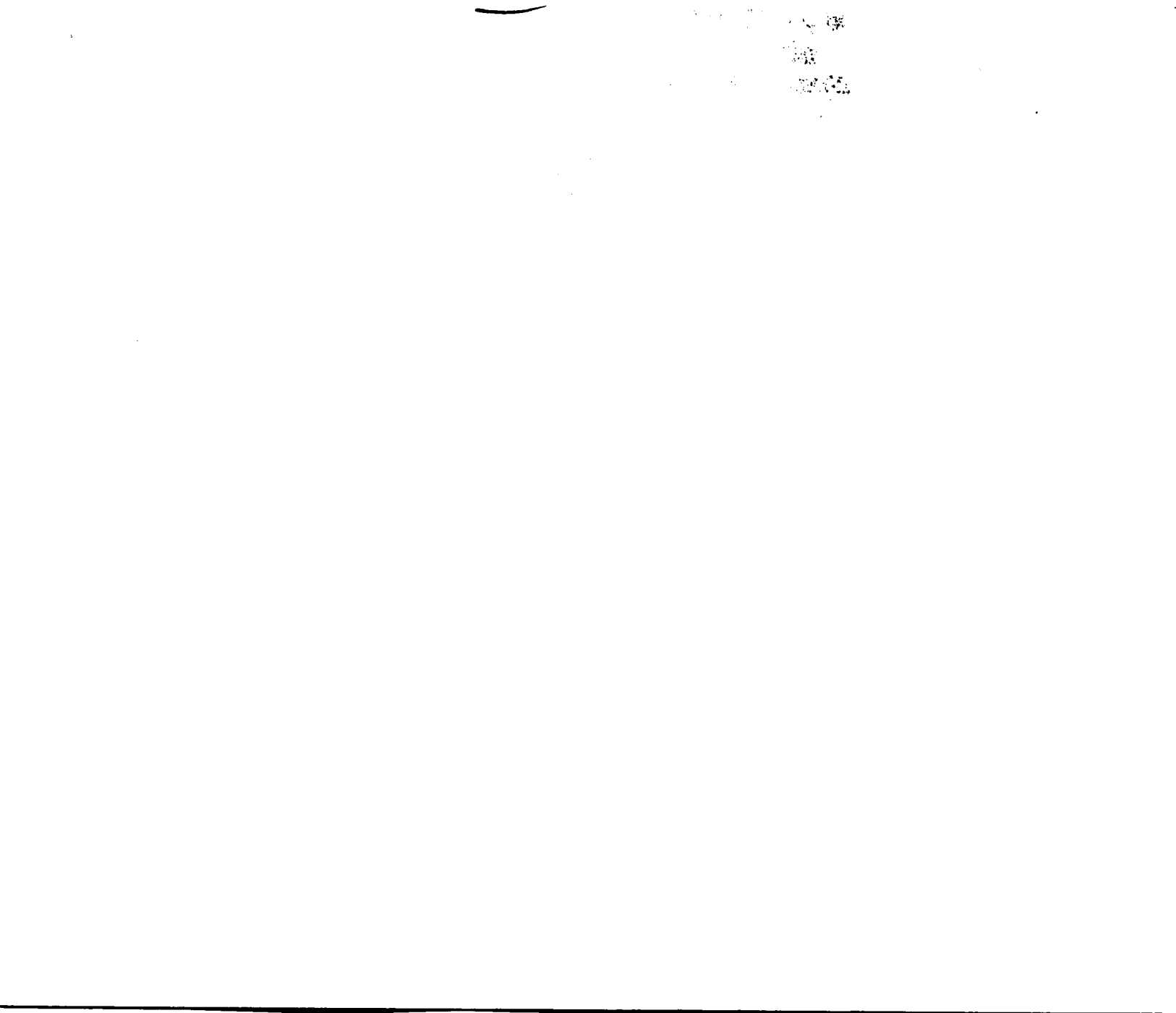
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 049

Local Reg. No. 71

Reg. Dist. No. 15A

1. PLACE OF STILLBIRTH a. COUNTY Minidoka		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Minidoka	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert	
c. FULL NAME OF HOSPITAL OR INSTITUTION Rupert General Hospital		d. STREET ADDRESS (If rural, give location) Routw 3	
3. CHILD'S NAME (Type or Print) No name			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 6 1957
7. FATHER'S NAME a. (First) Anastas Leonard Karella b. (Middle) c. (Last)		8. COLOR OR RACE White	
9. AGE (At time of this birth) 45 YEARS	10. BIRTHPLACE (State or foreign country) Nebraska	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Flossie Mary Owens b. (Middle) c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 35 YEARS	15. BIRTHPLACE (State or foreign country) Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Dr. H. H. H. H.			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 8 lbs. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Not known - Macerated fetus dead about 3 to 5 weeks.	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) C. A. M. M. M.	
23b. DATE SIGNED 4-6-57		23c. ATTENDANT'S ADDRESS	
If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Robert C Walk	
24. SIGNATURE OF AUTHORIZED OFFICIAL Robert C Walk		TITLE Rupert Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 8 57	25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery	25d. LOCATION (City, town, or county) (State) Rupert Idaho
DATE REC'D BY LOCAL REG. 4-6-57	REGISTRAR'S SIGNATURE Mary Ellen Carlson	26. FUNERAL DIRECTOR ADDRESS Robert C Walk Rupert Idaho	



RECEIVED

(Revision of Standard Certificate)

APR 22 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

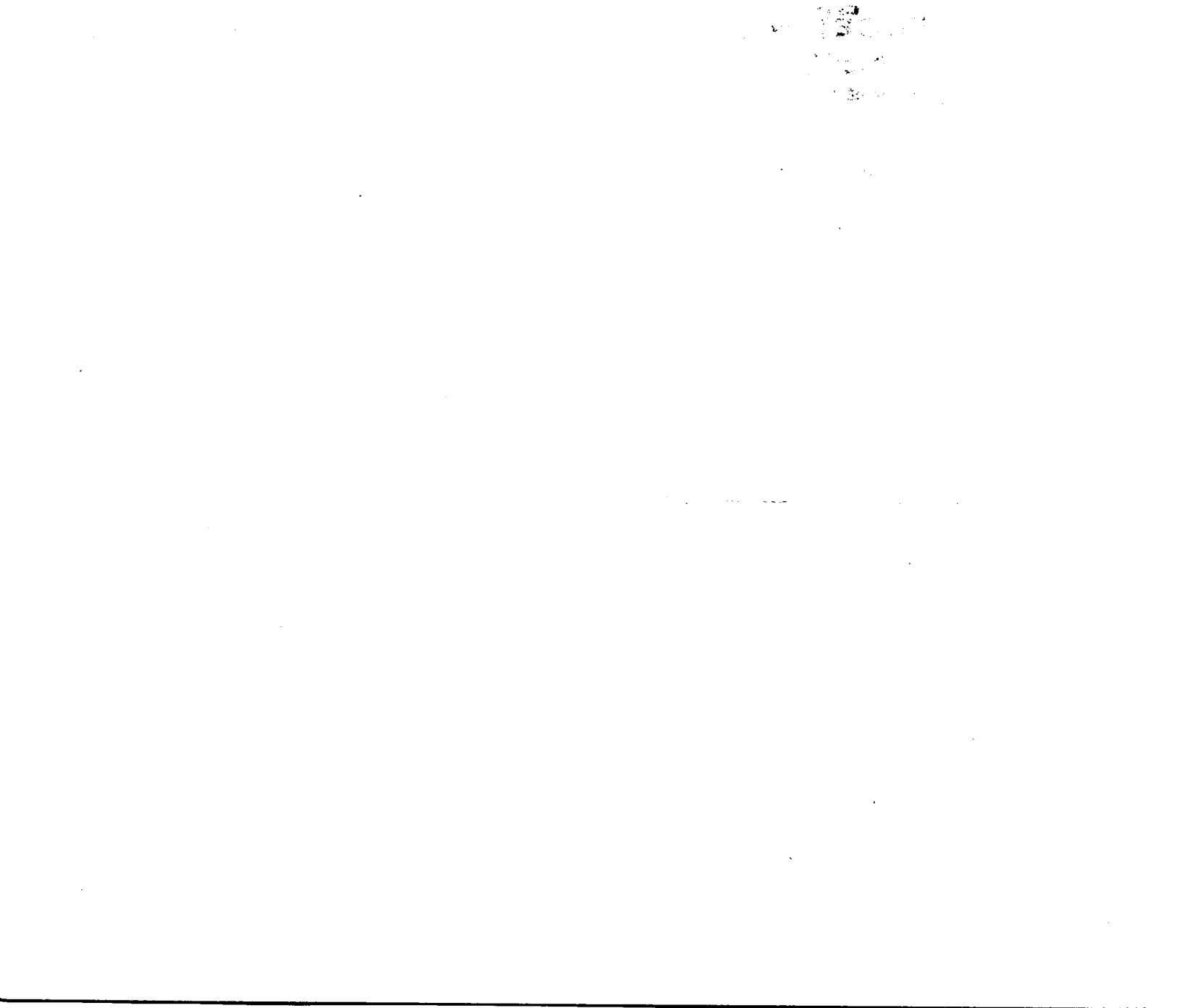
State File No. 050

Local Reg. No. 72

Reg. Dist. No. 220

Division of Vital Statistics

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Nez Perce			a. STATE Idaho b. COUNTY Nez Perce		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lenore		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) Gail Dawn Schneider					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) Apr. 16, 1957
7. FATHER'S NAME		a. (First) Dearl	b. (Middle) Fred	c. (Last) Schneider	8. COLOR OR RACE White
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Lewiston, Idaho		11a. USUAL OCCUPATION Lumber Mill Worker		11b. KIND OF BUSINESS OR INDUSTRY Lumbering
12. MOTHER'S MAIDEN NAME		a. (First) Mabel	b. (Middle) Marcel	c. (Last) Russell	13. COLOR OR RACE White
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Gorden, Neb.		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living? 3		b. How many children were born alive but are now dead? 0	
				c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Dearl Schneider Lenore, Idaho					
18a. LENGTH OF PREGNANCY 35 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Congenital Heart			
		20b. MATERNAL CAUSES Premature Labor			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature Rupture of Membranes			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that attended the birth of this child who was born dead on the date stated above at 8:45 A. M.			23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) W. E. Pierce M.D.		23b. DATE SIGNED 4/17/57
23c. ATTENDANT'S ADDRESS Lewiston, Ida.			24. SIGNATURE OF AUTHORIZED OFFICIAL W. E. Black		TITLE
25a. BURIAL CREMATION, REMOVAL (Specify) Burial	25b. DATE Apr. 19, 1957	25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery		25d. LOCATION (City, town, or county) (State) Lewiston, Idaho	
DATE REC'D BY LOCAL REG. 4/17/57	REGISTRAR'S SIGNATURE Cora Kinger		26. FUNERAL DIRECTOR W. E. Black		ADDRESS Lewiston, Idaho



RECEIVED

(1949 Revision of Standard Certificate)

MAY 1 1957**CERTIFICATE OF STILLBIRTH****Division of Vital Statistics****State of Idaho**

State File No.

051

Local Reg. No.

100

Reg. Dist. No.

220

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph		d. STREET ADDRESS (If rural, give location) 732 Burrell Avenue	
3. CHILD'S NAME (Type or Print) Baby Boy Boyer			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Apr. 19 1957
7. FATHER'S NAME a. (First) Jack b. (Middle) M. c. (Last) Bover		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Lewiston, Idaho	11a. USUAL OCCUPATION Millworker	11b. KIND OF BUSINESS OR INDUSTRY Lumbering
12. MOTHER'S MAIDEN NAME a. (First) Lola b. (Middle) M. c. (Last) Anderson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Lewiston, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Jack M Boyer Lewiston, Idaho			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Dec. 1956	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Spontaneous birth	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:15 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) O. M. Mackay, M.D.	
23b. DATE SIGNED April 22, 1957		23c. ATTENDANT'S ADDRESS Lewiston, Idaho.	
24. SIGNATURE OF AUTHORIZED OFFICIAL H. E. DeBuen		TITLE Lewiston, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Apr. 24, 1957	25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 4/25/57	REGISTRAR'S SIGNATURE Cara Kinger	26. FUNERAL DIRECTOR H. E. DeBuen Lewiston, Idaho	

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED

(Revision of Standard Certificate)

APR 18 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 45

Reg. Dist. No. 142

Division of Vital Statistics

1. PLACE OF STILL BIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kello99</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moon Creek</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wardner Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Kello99 Idaho</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Svingen</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 3 1957</u>
7. FATHER'S NAME a. (First) <u>Robert</u>		b. (Middle)	c. (Last) <u>Svingen</u>
9. AGE (At time of this birth) <u>33</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Savage Montana</u>	11a. USUAL OCCUPATION <u>Car Salesman</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u>		b. (Middle)	c. (Last) <u>Trout</u>
14. AGE (At time of this birth) <u>25</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Missouri</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Sales</u>
17. INFORMANT <u>Robert Svingen</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>ANENCEPHALIC -</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Alan M. C. Tuttle</u>	
23b. DATE SIGNED <u>6 April 57</u>		23c. ATTENDANT'S ADDRESS <u>Kello99 Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Grant M. Glade</u>		TITLE <u>Kello99 Idaho</u>	
25a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April 5 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Kello99 Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-10-57</u>	REGISTRAR'S SIGNATURE <u>Same</u>	26. FUNERAL DIRECTOR ADDRESS <u>Grant M. Glade Kello99 Idaho</u>	

RECEIVED

(1949 Revision of Standard Certificate)

APR 29 1957

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

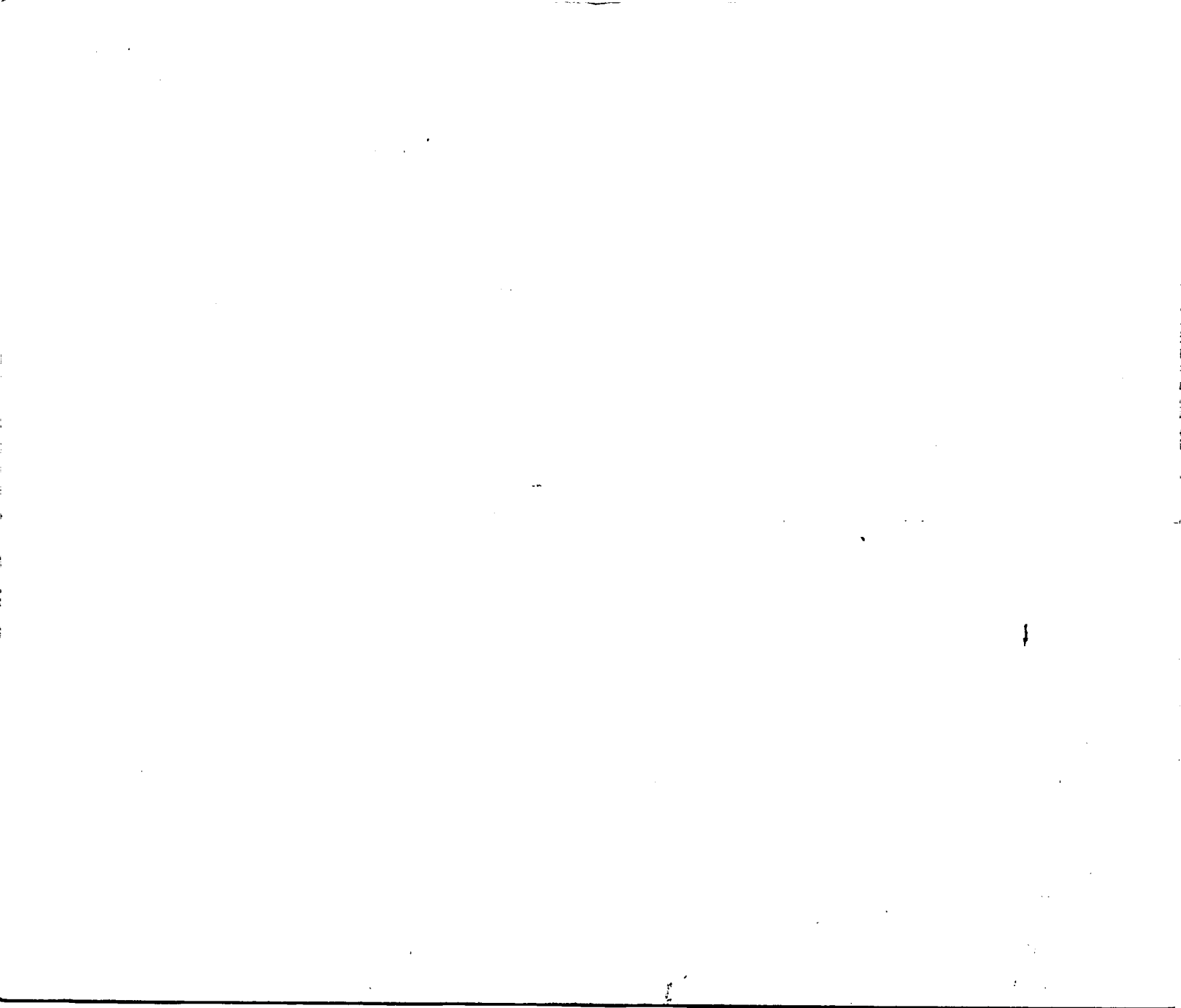
State of Idaho

State File No. 053

Local Reg. No. 15

Reg. Dist. No. 620

1. PLACE OF STILLBIRTH a. COUNTY <u>Teton</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton</u>		
b. CITY OR TOWN <u>Driggs</u>			c. CITY OR TOWN <u>Driggs</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Teton Valley Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print)					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 16 1957</u>		
7. FATHER'S NAME a. (First) <u>Golden</u> b. (Middle) <u>Ray</u> c. (Last) <u>Wood</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>43</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Driggs</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>Elma</u> b. (Middle) c. (Last) <u>Little</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Tetonia, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Golden Ray Wood - father</u>					
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Jan - 57</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Knot in cord</u>			
		20b. MATERNAL CAUSES <u>mild pre-eclampsia</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Mild Pre-eclampsia - Knot in Cord</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Laurel C. Larson MD</u>		23b. DATE SIGNED <u>4-17-57</u>	
		23c. ATTENDANT'S ADDRESS <u>Driggs Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Driggs (Rural) Teton Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April 17</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bates</u>		25d. LOCATION (City, town, or county) (State) <u>Driggs (Rural) Teton Idaho</u>	
DATE REC'D BY LOCAL REG <u>April 24 - 57</u>		REGISTRAR'S SIGNATURE <u>Stella Leiggs</u>		26. FUNERAL DIRECTOR ADDRESS	

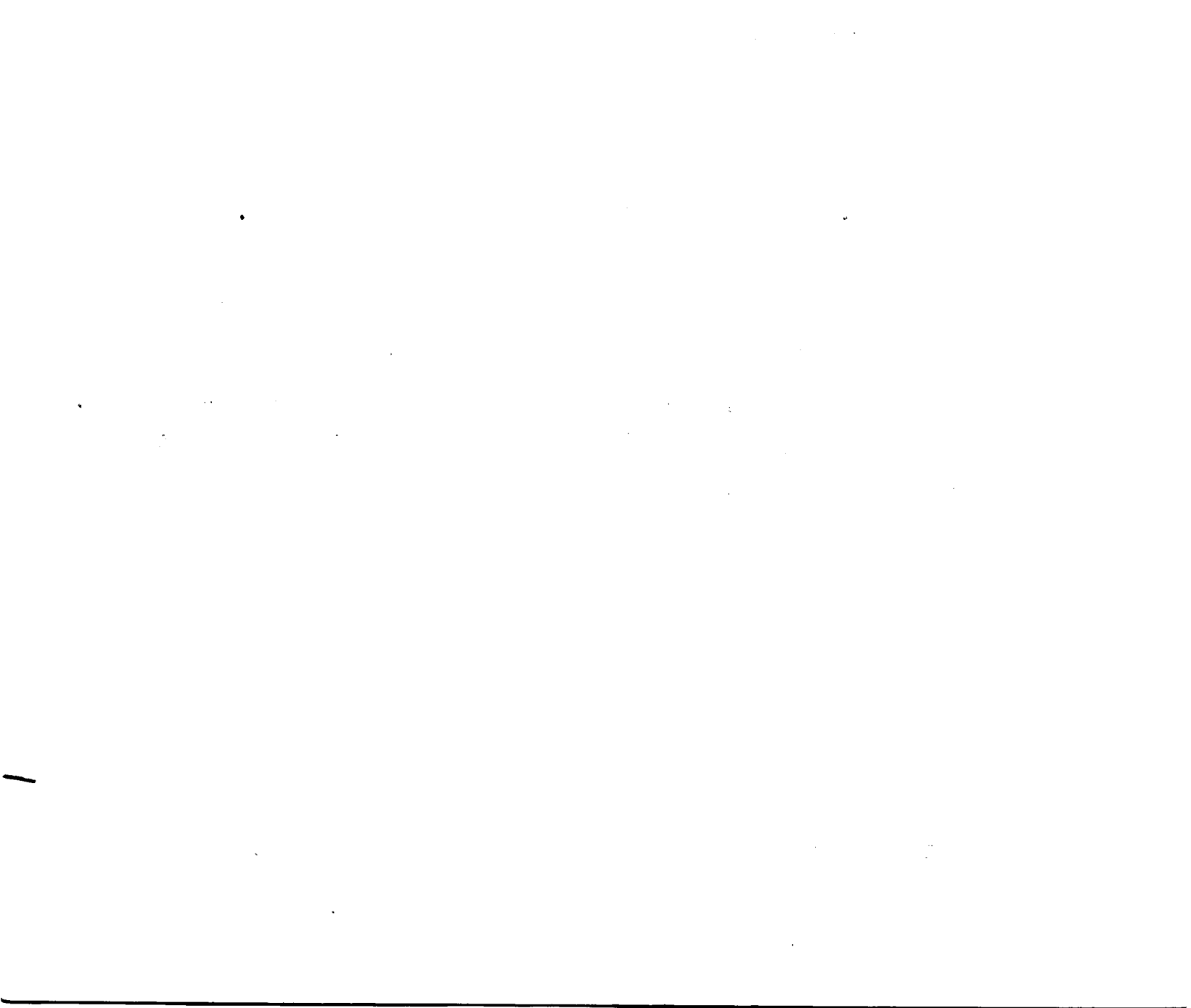


RECEIVED

(1949 Revision of Standard Certificate)

MAY 31 1957**CERTIFICATE OF STILLBIRTH****State of Idaho**State File No. **054**Local Reg. No. **167**Reg. Dist. No. **370**

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY Ada b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus Hospital			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise d. STREET ADDRESS (If rural, give location) 507 Chalet Apts.		
3. CHILD'S NAME (Type or Print) VIOLET MC MURRAY					
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 18 1957		
7. FATHER'S NAME a. (First) William b. (Middle) McMurray c. (Last) White		8. COLOR OR RACE White			
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Oakley, Idaho	11a. USUAL OCCUPATION Office Work	11b. KIND OF BUSINESS OR INDUSTRY Morrison-Knudsen Co.		
12. MOTHER'S MAIDEN NAME a. (First) Violet b. (Middle) Leoni c. (Last) White		13. COLOR OR RACE White			
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Rupert, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None			
17. INFORMANT William McMurray					
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date.			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Twin Pregnancy & anomaly of C. & D. 20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Twin Pregnancy			22. STATE ALL OPERATIONS FOR DELIVERY 0		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:00 p.m.		23a. ATTENDANT'S SIGNATURE Max D. Gudmundson M.D.		23b. DATE SIGNED April 19-57	
23c. ATTENDANT'S ADDRESS Boise Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Robert H. Dickel		TITLE Boise, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4/20/57	25c. NAME OF CEMETERY OR CREMATORY Cloverdale	25d. LOCATION (City, town, or county) (State) Boise, Idaho		
DATE REC'D BY LOCAL REG. 4-27-57	REGISTRAR'S SIGNATURE Myrtle Palmer		26. FUNERAL DIRECTOR RELYEA MORTUARY Boise, Idaho		



RECEIVED

(1949 Revision of Standard Certificate)

MAY 31 1957

State of Idaho

State File No.

055

Local Reg. No.

170

Reg. Dist. No.

370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) Boise		c. CITY (If outside corporate limits, write RURAL and give township) Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus Hospital		d. STREET ADDRESS (If rural, give location) 2027 S. Latah St.	
3. CHILD'S NAME (Type or Print) BENJAMIN PATRICK BRADLEY			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 25 1957
7. FATHER'S NAME a. (First) GUY b. (Middle) R. c. (Last) BRADLEY		8. COLOR OR RACE White	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Durango, Colorado	11a. USUAL OCCUPATION Truck Line Operator	11b. KIND OF BUSINESS OR INDUSTRY Owner
12. MOTHER'S MAIDEN NAME a. (First) Martha b. (Middle) E. c. (Last) Brandau		13. COLOR OR RACE White	
14. AGE (At time of this birth) 45 YEARS	15. BIRTHPLACE (State or foreign country) Melba, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Guy R. Bradley</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Prematurity</i>	
		20b. MATERNAL CAUSES <i>Severe Pre eclampsia, Partial premature Sep.</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>as in 20b</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <i>Robert H. Dickel</i>		23b. DATE SIGNED <i>4-27-57</i>
	23c. ATTENDANT'S ADDRESS <i>Boise Idaho</i>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Robert H. Dickel</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4/27/57	25c. NAME OF CEMETERY OR CREMATORY Cloverdale	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 5-4-57	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR <i>RELYEA MORTUARY</i> Boise, Idaho	

AUG 1 1979

RECEIVED

(1979 Revision of Standard Certificate)

JUN 10 1957

CERTIFICATE OF STILLBIRTH

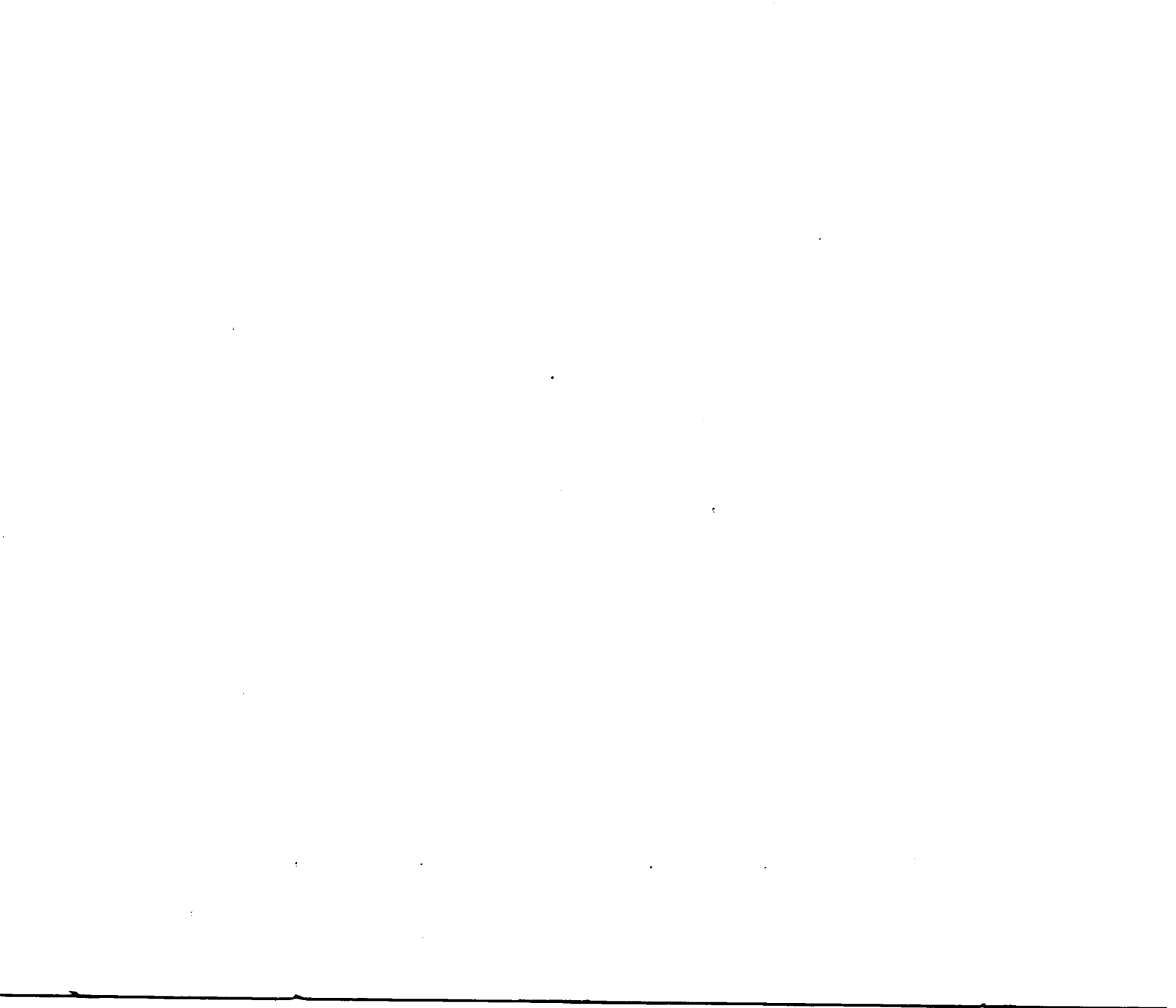
State of Idaho

State File No. 056

Local Reg. No. 188

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 3707 Barr	
3. CHILD'S NAME (Type or Print) Baby Boy Rea			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 16, 1957
7. FATHER'S NAME a. (First) Arland b. (Middle) E. c. (Last) Rea		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Portland, Oregon	11a. USUAL OCCUPATION Shop Foreman	11b. KIND OF BUSINESS OR INDUSTRY Automobile
12. MOTHER'S MAIDEN NAME a. (First) Patricia b. (Middle) Chaney c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
17. INFORMANT <i>Arland E. Rea</i>			
18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Diabetes - Toxemia	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Diabetes, Toxemia		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Ernie Reynolds</i> (Specify if M. D., midwife, or other)	23b. DATE SIGNED 5-17-57
23c. ATTENDANT'S ADDRESS Boise Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Paul Wagoner</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE May 20, 1957	25c. NAME OF CEMETERY OR CREMATORY Mtn. View Memorial Crem.	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 5-20-57	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR <i>Paul Wagoner</i> ADDRESS Boise, Idaho McBratney-Alan Chapel	



RECEIVED

(1949 Revision of Standard Certificate)

JUN 11 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

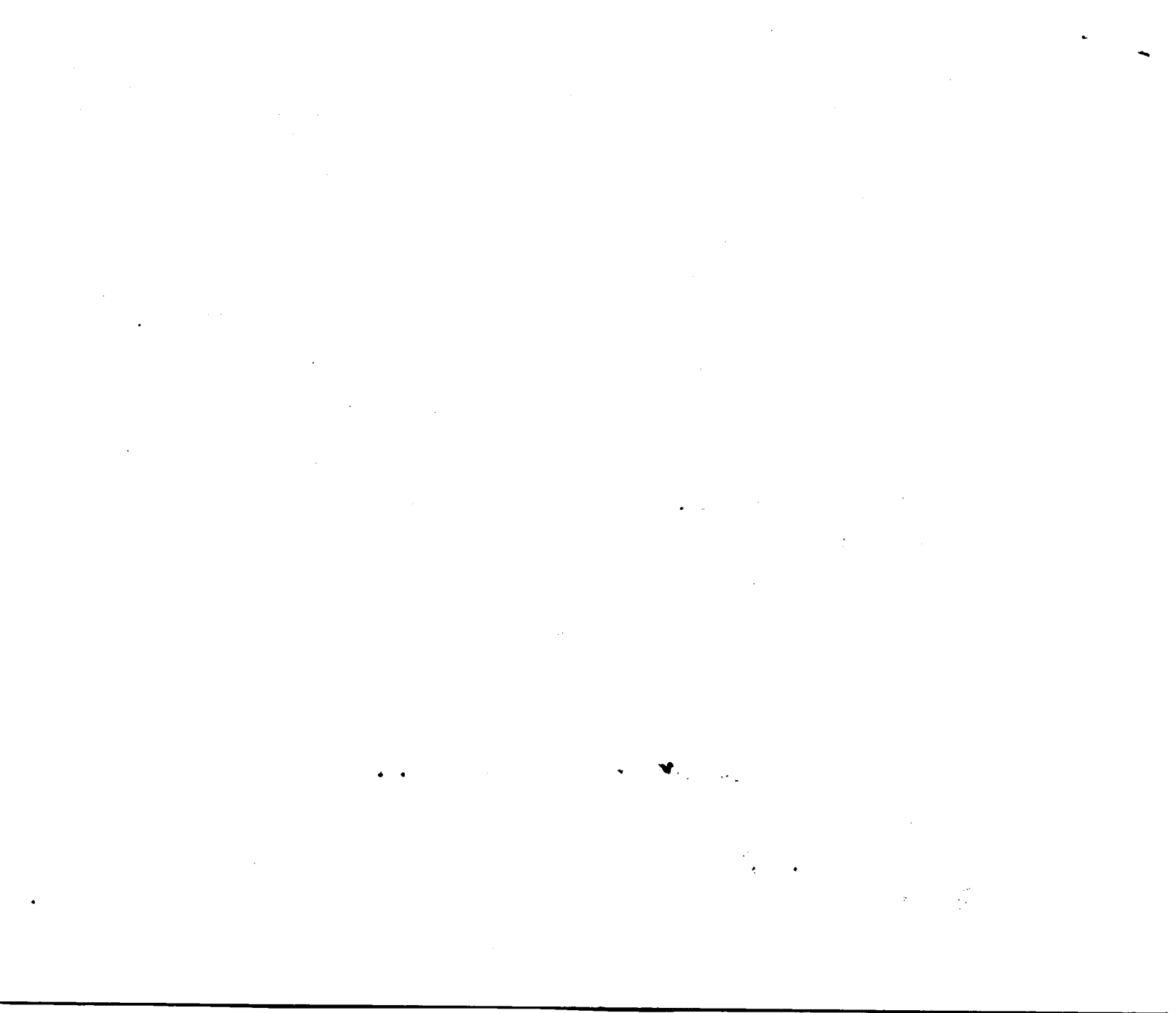
State File No. 057

Local Reg. No. 13

Reg. Dist. No. 511

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Hall, Idaho	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
BABY		GIRL	
4. SEX female		5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	
5b. IF TWIN OR TRIPLET (This child born)		6. DATE OF STILLBIRTH (Month) (Day) (Year) April 11, 1957	
7. FATHER'S NAME a. (First) Stanford b. (Middle) c. (Last) Davis		8. COLOR OR RACE Indian	
9. AGE (At time of this birth) YEARS		10. BIRTHPLACE (State or foreign country) Idaho	
11a. USUAL OCCUPATION Laborer		11b. KIND OF BUSINESS OR INDUSTRY Jerry Time	
12. MOTHER'S MAIDEN NAME a. (First) Truma b. (Middle) c. (Last) Teton		13. COLOR OR RACE Indian	
14. AGE (At time of this birth) 33 YEARS		15. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	
17. INFORMANT Truma Davis		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
18a. LENGTH OF PREGNANCY 28 WEEKS		18b. WEIGHT AT BIRTH 3 LBS. 4 OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>none apparent (fetus severely malnourished)</i>	
		20b. MATERNAL CAUSES <i>none</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>[Signature]</i> M.D.	
23b. DATE SIGNED		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal		25b. DATE Apr. 12, '57	
25c. NAME OF CEMETERY OR CREMATORY Fort Hall		25d. LOCATION (City, town, or county) (State) Fort Hall, Idaho	
DATE REC'D BY LOCAL REG. JUN 6 1957		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
26. FUNERAL DIRECTOR Downard Funeral Home		ADDRESS Pocatello, Ida.	



FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE**RECEIVED**

(1949 Revision of Standard Certificate)

MAY 28 1957**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. **058**Local Reg. No. **14**Reg. Dist. No. **511****1. PLACE OF STILLBIRTH (Division of Vital Statistics)**

a. COUNTY

Bannockb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN**Pocatello**c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**St. Anthony Mercy Hospital****2. USUAL RESIDENCE OF MOTHER (Where does mother live?)**

a. STATE

Idaho

b. COUNTY

Binghamc. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN**Blackfoot**d. STREET
ADDRESS

(If rural, give location)

366 No. Schilling**3. CHILD'S NAME**

(Type or Print)

Nancy**Lee****Brown**

4. SEX

female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

April 17, 19577. FATHER'S
NAME

a. (First)

Dale

b. (Middle)

Wayne

c. (Last)

Brown

8. COLOR OR RACE

white

9. AGE (At time of this birth)

29

YEARS

10. BIRTHPLACE (State or foreign country)

Sandy, Utah

11a. USUAL OCCUPATION

Electrician

11b. KIND OF BUSINESS OR INDUSTRY

A.E.C. Westinghouse12. MOTHER'S
MAIDEN
NAME

a. (First)

Margaret

b. (Middle)

Ann

c. (Last)

Smith

13. COLOR OR RACE

white

14. AGE (At time of this birth)

24

YEARS

15. BIRTHPLACE (State or foreign country)

St. Anthony, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

1

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0**17. INFORMANT****Margaret Ann Brown****mother**18a. LENGTH OF PREG-
NANCY**33**

WEEKS

18b. WEIGHT AT BIRTH

2LBS. **10** OZS.19. Was a standard serological test for syphilis performed? Yes ☒ No ☐
Approximate dateCAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR**22. STATE ALL OPERATIONS FOR DELIVERY**

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

25b. DATE

4-20-57

25c. NAME OF CEMETERY OR CREMATORY

Mountainview Cem.

25d. LOCATION (City, town, or county)

Pocatello

(State)

IdahoDATE REC'D BY LOCAL
REG.**MAY 27 1957**

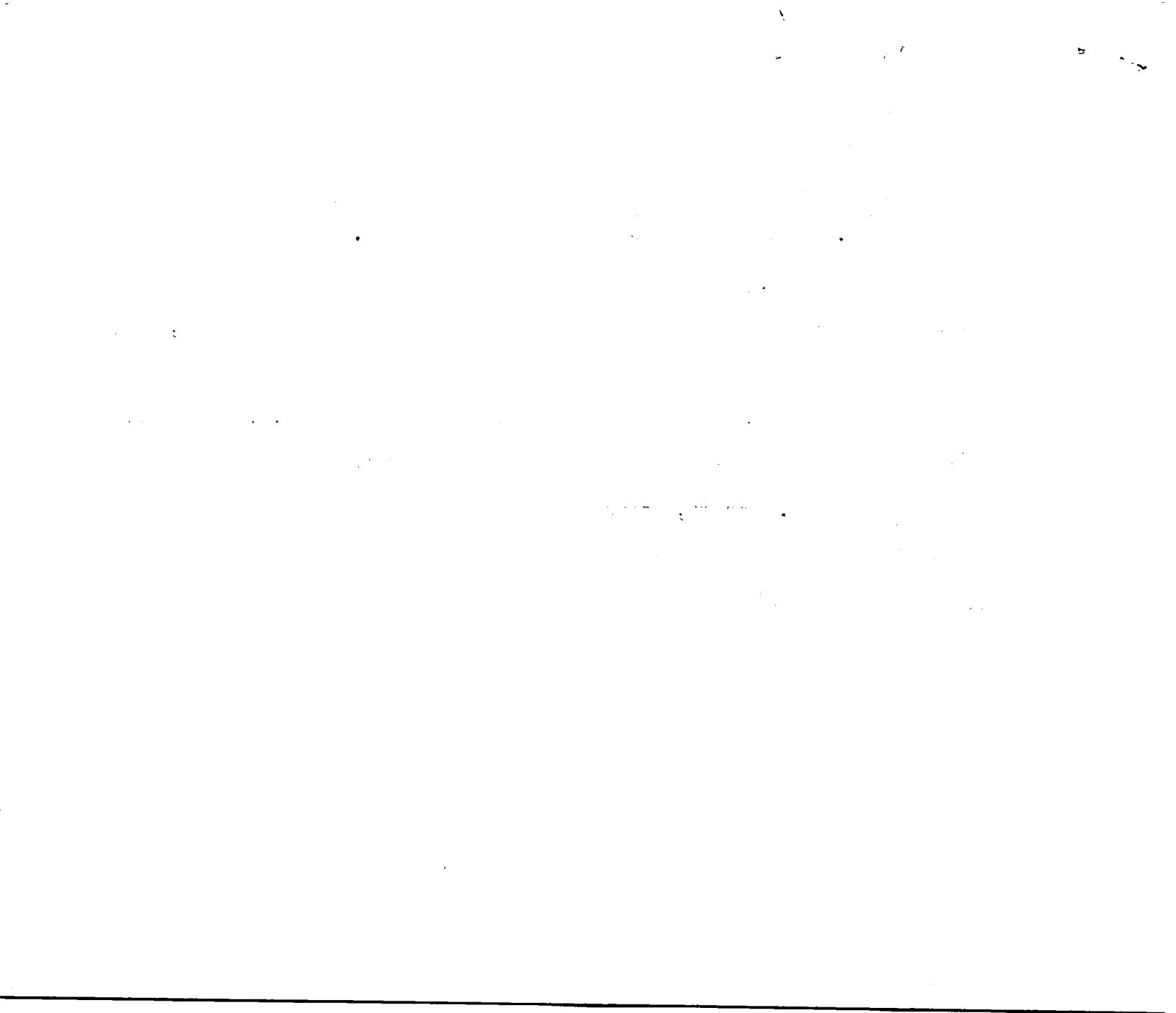
REGISTRAR'S SIGNATURE

Geraldine Smart

26. FUNERAL DIRECTOR

ADDRESS

Downard Funeral Home, Pocatello, Idaho



RECEIVED

(Revision of Standard Certificate)

JUN 11 1957

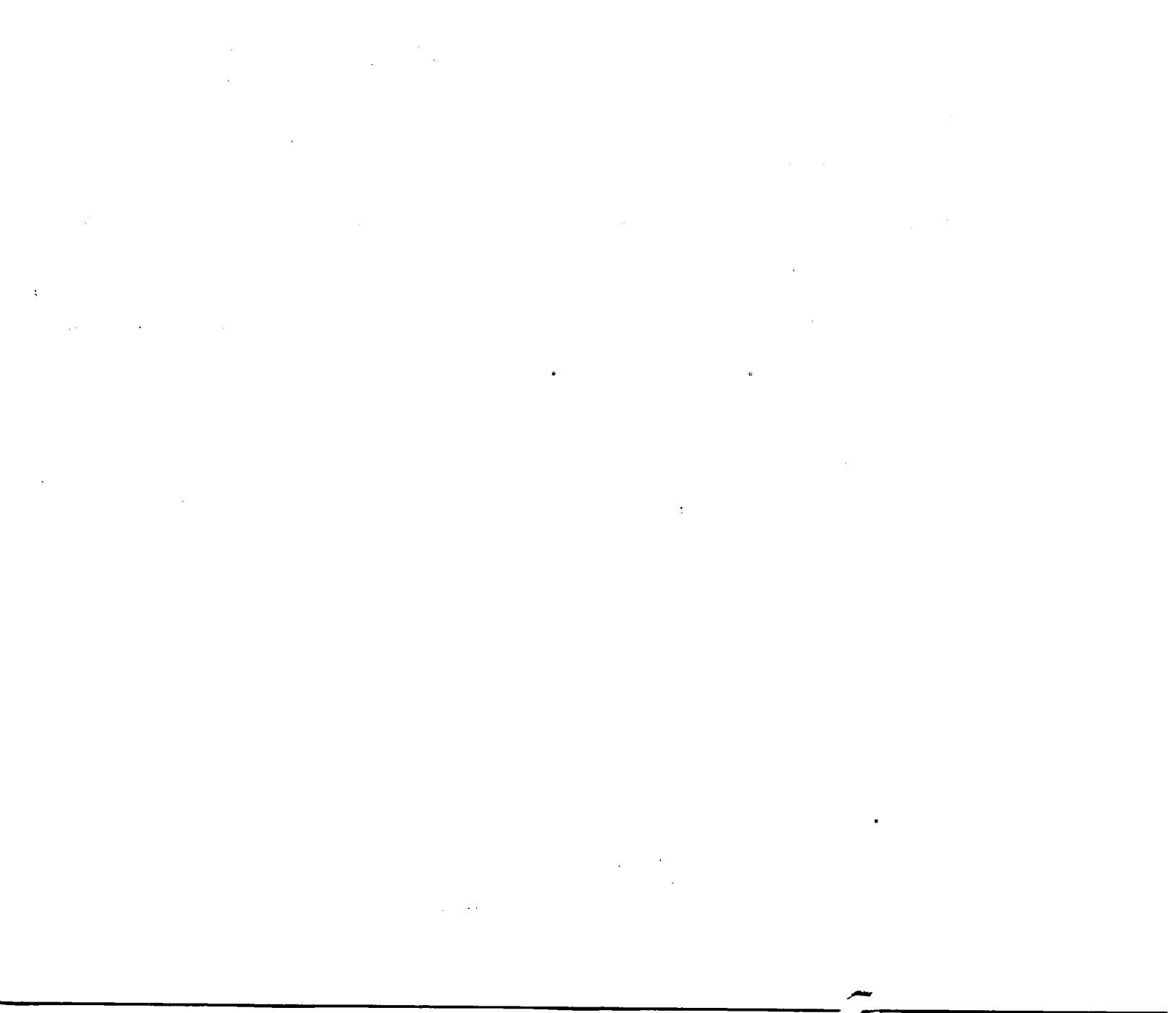
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 059
Local Reg. No. 12
Reg. Dist. No. 570

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>211 Taft</u>	
3. CHILD'S NAME (Type or Print) <u>William Rowden Stolworthy, Jr.</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 26, 1957</u>
7. FATHER'S NAME a. (First) <u>W.</u> b. (Middle) <u>R.</u> c. (Last) <u>Stolworthy</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) YEARS <u>43</u>	10. BIRTHPLACE (State or foreign country) <u>Shelley, Idaho</u>	11a. USUAL OCCUPATION <u>School teacher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>School district #25</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Sarah</u> b. (Middle) <u>Buttane</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>43</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Blackfoot, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Three</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>One</u>	
17. INFORMANT <u>Sarah Stolworthy</u>			
18a. LENGTH OF PREG. NANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Empty bladder. Fetalis</u>		
	20b. MATERNAL CAUSES <u>Rh. incompatibility</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:51 P.m.</u>	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>		23b. DATE SIGNED <u>5-23-57</u>
	23c. ATTENDANT'S ADDRESS	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4-27-57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Grove City Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Blackfoot Bingham Idaho</u>
DATE REC'D BY LOCAL REG. <u>JUN 6 1957</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>510 N. 12th Ave Pocatello, Ida.</u>



RECEIVED

(1940 Revision of Standard Certificate)

JUN 11 1957 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

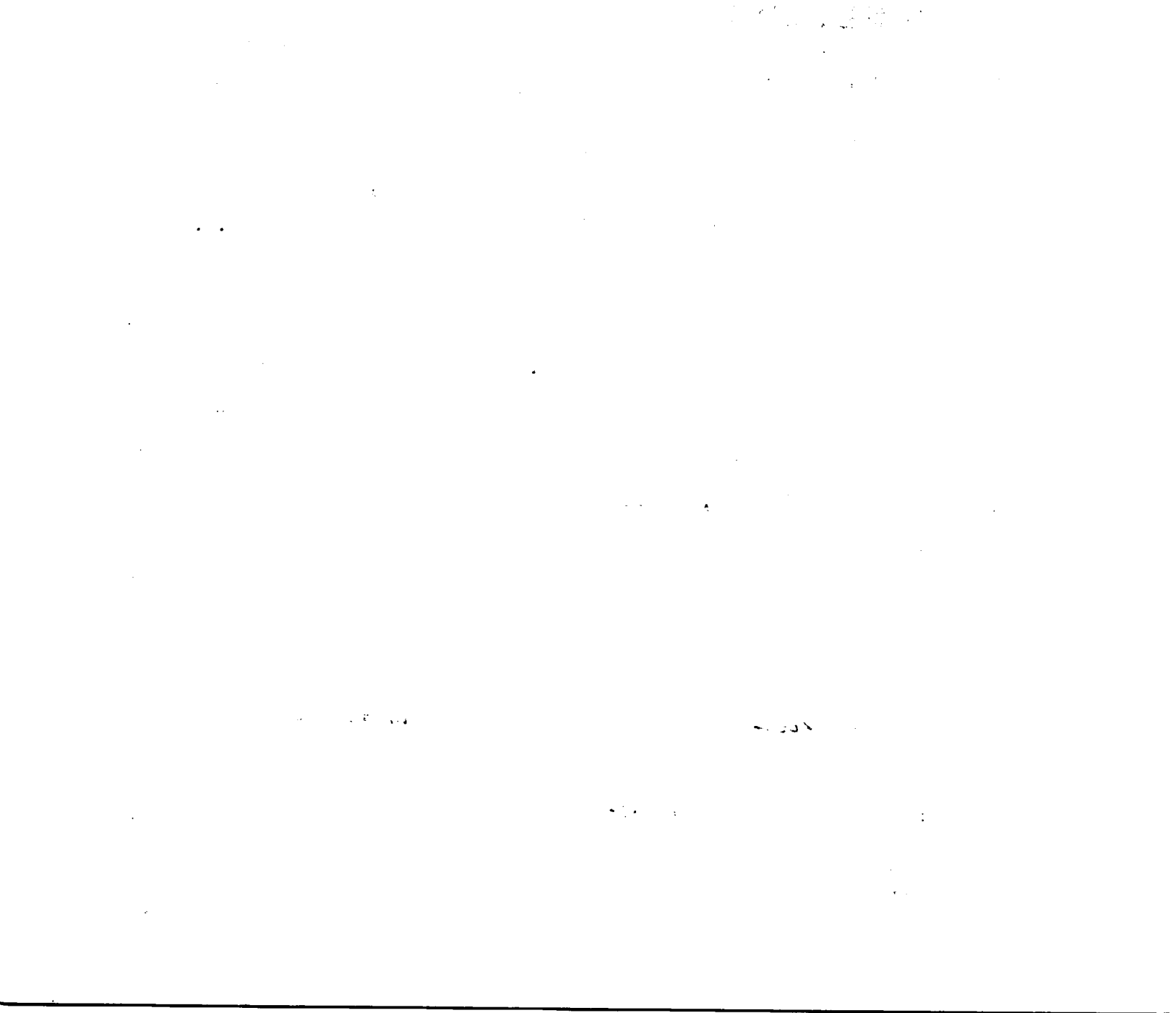
State File No.

Local Reg. No.

Reg. Dist. No.

069

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Montana b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joliet, Montana	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route # 1 % A.C. Roberts	
3. CHILD'S NAME (Type or Print) BABY BOY CHOPPER			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 13, 1957
7. FATHER'S NAME a. (First) Carl b. (Middle) E. c. (Last) Chopper	8. COLOR OR RACE white		
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Billings, Montana	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Self-employed
12. MOTHER'S MAIDEN NAME a. (First) Jerre b. (Middle) c. (Last) Roberts	13. COLOR OR RACE white		
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Billings, Montana	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Jerre Chopper Mother One none None			
18a. LENGTH OF PREG-NANCY 27 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Intrauterine antepartum Fetal		
	20b. MATERNAL CAUSES death, cause unknown.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:45am m.	23a. ATTENDANT'S SIGNATURE George J. Cox MD		23b. DATE SIGNED 5/21/57
	23c. ATTENDANT'S ADDRESS Pocatello, Idaho	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Geraldine Smart TITLE 28m.
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. JUN 6 1957	26. FUNERAL DIRECTOR Geraldine Smart ADDRESS		



RECEIVED

(1949 Revision of Standard Certificate)

MAY 17 1957

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 061

Local Reg. No. 150

Reg. Dist. No. 600

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot - Rural	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Rt. #3	
3. CHILD'S NAME (Type or Print) Cindy Ann Turpin (Stillborn)			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 6, 1957
7. FATHER'S NAME a. (First) Donald		b. (Middle) Richard c. (Last) Turpin	
8. COLOR OR RACE white			
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Thomas, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Own farm
12. MOTHER'S MAIDEN NAME a. (First) Beth		b. (Middle) c. (Last) Quirl	
13. COLOR OR RACE white			
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Teton City, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Donald Richard Turpin			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 11 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES NONE	
		20b. MATERNAL CAUSES Spontaneous uterine rupture	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Rupture of uterus		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Jon Packman	
		(Specify if M. D., midwife, or other) M. D.	
23b. DATE SIGNED 5-7-57		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 5-7-57	25c. NAME OF CEMETERY OR CREMATORY Riverside-Thomas Cem.
		25d. LOCATION (City, town, or county) (State) Rt. #2, Bingham, Idaho	
DATE REC'D BY LOCAL REG. May 7-1957		26. FUNERAL DIRECTOR ADDRESS Blackfoot, Idaho	

RECEIVED

(1949 Revision of Standard Certificate)

MAY 13 1957

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

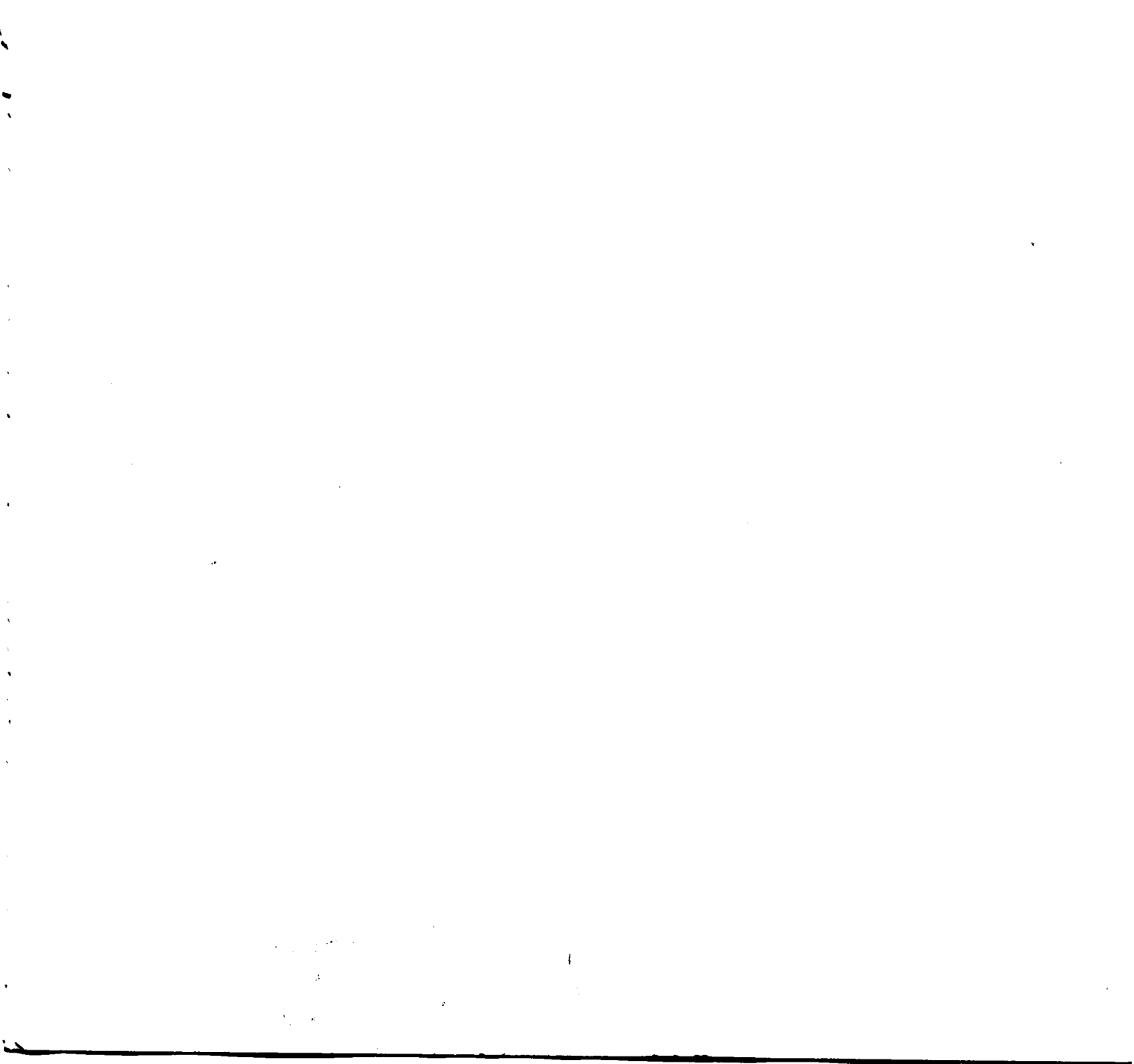
State of Idaho

State File No. 862

Local Reg. No. 86

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY <i>Canyon</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Canyon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Caldwell, Idaho</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Homedale</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Caldwell Men. Hosp.</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Baby Berry</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>5 5 57</i>
7. FATHER'S NAME a. (First) <i>Melvin Eugene</i> b. (Middle) <i>Berry</i> c. (Last) <i>White</i>		8. COLOR OR RACE	
9. AGE (At time of this birth) <i>29</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Dodson Louisiana</i>	11a. USUAL OCCUPATION <i>Army</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Bernice Lorraine</i> b. (Middle) <i>Zethrick</i> c. (Last)		13. COLOR OR RACE	
14. AGE (At time of this birth) <i>26</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Wildes Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>3</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Bernice Berry</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>unknown</i>	
		20b. MATERNAL CAUSES <i>mild toxemia 2 mo.</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>12:15</i> m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <i>E. Elizabeth L. Munn M.D.</i>	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED <i>5/5/57</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>J. H. Dakan</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		25b. DATE <i>May 6, 1957</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Canyon Hill Cemetery</i>
25d. LOCATION (City, town, or county) (State) <i>Caldwell, Idaho</i>		26. FUNERAL DIRECTOR <i>Beckham-Dekan-Davis</i>	
DATE REC'D BY LOCAL REG. <i>5-8-57</i>		REGISTRAR'S SIGNATURE <i>Agnes M. Denman</i>	
		ADDRESS <i>Caldwell, Idaho</i>	



RECEIVED

(1949 Revision of Standard Certificate)

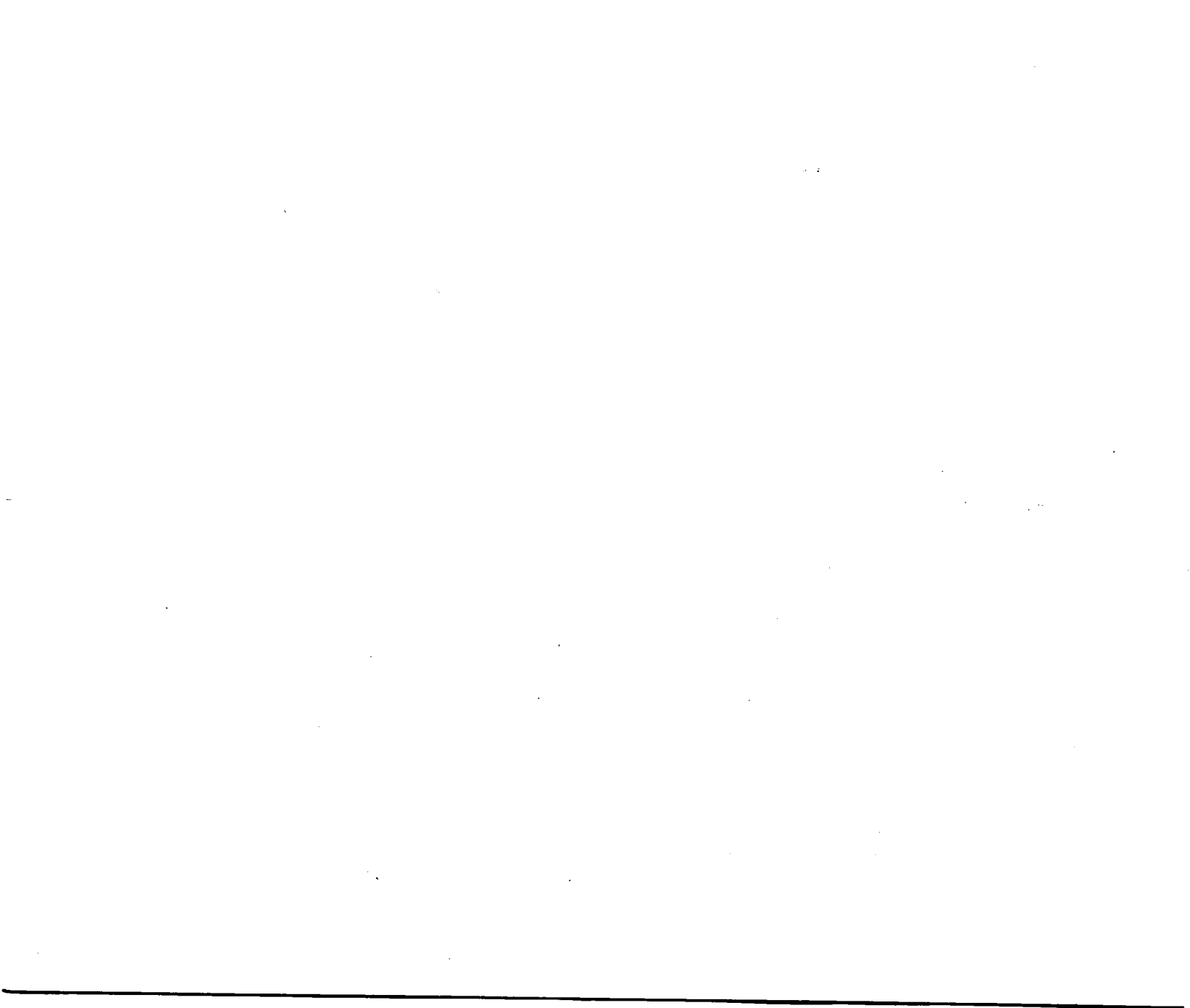
JUN 24 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 063
Local Reg. No. 118
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caldwell Memorial		d. STREET ADDRESS (If rural, give location) Route #1	
3. CHILD'S NAME (Type or Print) DAVID L RAE KING			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 9, 1957
7. FATHER'S NAME a. (First) Delbert b. (Middle) L. c. (Last) King		8. COLOR OR RACE white	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Nebraska	11a. USUAL OCCUPATION Service Sta. Att.	11b. KIND OF BUSINESS OR INDUSTRY Gas (retail)
12. MOTHER'S MAIDEN NAME a. (First) ERMA b. (Middle) LOUISE c. (Last) PHIPPS		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Iowa	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 3 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date March 25, 1957	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Short Umbilical Cord around Neck. Aspiration of amniotic fluid.		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:07 p. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Charles E. Krause M.D.	
23b. DATE SIGNED June 7, 1957		24. SIGNATURE OF AUTHORIZED OFFICIAL Lewis Edmunds TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5/13/57	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn	25d. LOCATION (City, town, or county) (State) Nampa, Idaho
DATE REC'D BY LOCAL REG. 6-21-57		26. FUNERAL DIRECTOR ADDRESS Lewis Edmunds Mortuary	



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 JUN 11 1957 State of Idaho

 State File No. 064
 Local Reg. No. 3
 Reg. Dist. No. 363

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marsing	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Girl Cline			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Januray 21, 1957
7. FATHER'S NAME a. (First) b. (Middle) c. (Last)		8. COLOR OR RACE	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) La Verna b. (Middle) c. (Last) Cline		13. COLOR OR RACE W	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) West Va.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT mother			
18a. LENGTH OF PREGNANCY 24? WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None Known - Dead approx 1 month		
	20b. MATERNAL CAUSES None Known		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. C. Howard, Jr., M.D.		23b. DATE SIGNED 6-1-57
	23c. ATTENDANT'S ADDRESS Nampa, Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 26, 1957	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. June 4, 1957 Mrs. Jane [Signature]		26. FUNERAL DIRECTOR Peckham-Dekan-Davis Chapel	ADDRESS Caldwell, Idaho

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED

(Revision of Standard Certificate)

UN 11 1957

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 065

Local Reg. No. 7

Reg. Dist. No. 343

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Owyhee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oreana	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Joseph Adcock Nicholas			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 24 1957
7. FATHER'S NAME a. (First) John b. (Middle) Francis c. (Last) Nicholas		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Nampa	11a. USUAL OCCUPATION Rancher	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Shirley b. (Middle) Mae c. (Last) Adcock		13. COLOR OR RACE White	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT John F. Nicholas			
18a. LENGTH OF PREGNANCY 43 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Premature separation placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Thick unruptured membranes		22. STATE ALL OPERATIONS FOR DELIVERY Rupture of membrane & low forcep delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:07 p.m.		23a. ATTENDANT'S SIGNATURE J. A. MacInnes	23b. DATE SIGNED 5-24-57
23c. ATTENDANT'S ADDRESS Nampa, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL John F. Alsip, Jr.	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5/27/57	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery	25d. LOCATION (City, town, or county) (State) Nampa Idaho
DATE REC'D BY LOCAL REG. Paul S. 1957	REGISTRAR'S SIGNATURE Margaret Steck	26. FUNERAL DIRECTOR John F. Alsip, Jr.	ADDRESS 404-10 Ave. So Nampa, Idaho

ALSIP FUNERAL CHAPEL

This body embalmed by
Ross E. Chastain, Jr. lic. E-438
at Nampa, Idaho, 5/24/57

RECEIVED

(1979 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 State of Idaho

State File No. 066
 Local Reg. No. 1-066
 Reg. Dist. No. 5-20-52

JUN 13 1957

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY <u>Caribou</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Caribou</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Soda Springs, Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Heise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caribou County Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>5</u> <u>24</u> <u>57</u>
7. FATHER'S NAME a. (First) <u>Marshall</u> b. (Middle) <u>R</u> c. (Last) <u>Whitehead</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Heise, Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Chemical</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Bonnie</u> b. (Middle) <u>Crane</u> c. (Last)		13. COLOR OR RACE	
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boston, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Marshall Whitehead</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct 1-1956</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Brow Presentation</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Brow Presentation</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Forceps.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Charles C. Johnson</u> M. D.	23b. DATE SIGNED <u>5-27-57</u>
23c. ATTENDANT'S ADDRESS <u>Heise, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY <u>Heise, Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Heise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>5-25-57</u>	REGISTRAR'S SIGNATURE <u>Flarenee Van Pool</u>	26. FUNERAL DIRECTOR ADDRESS <u>Shadown H. Allen</u> <u>Soda Springs, Idaho</u>	

JUN 13 1979

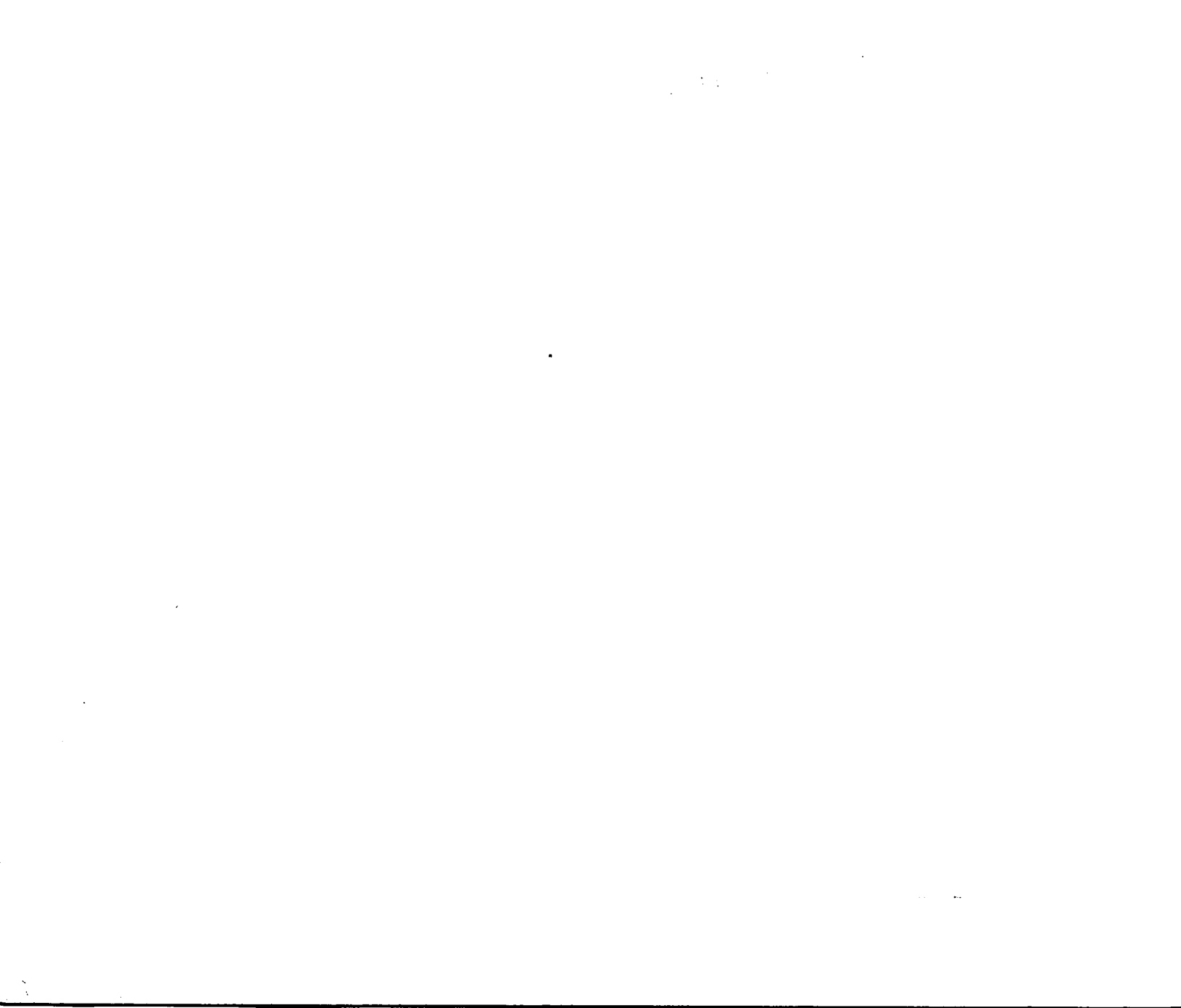
RECEIVED

MAY 23 1957

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of IdahoState File No. _____
Local Reg. No. 618067
Reg. Dist. No. 170

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>942 Yale Ave</u>	
3. CHILD'S NAME (Type or Print) <u>Johnny D. Flores</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 6, 1957</u>
7. FATHER'S NAME a. (First) <u>Johnny</u> b. (Middle) <u>D.</u> c. (Last) <u>Flores</u>		8. COLOR OR RACE	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>New Mexico</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Louise</u> b. (Middle) c. (Last) <u>Wall</u>		13. COLOR OR RACE	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Twin Falls, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>JOHN J. FLORES 942 Yale Burley, Ida.</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>5 LBS. 2 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prematurity</u>		
	20b. MATERNAL CAUSES <u>Banda's Ring, uterus & compression umbilical cord</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Banda's Ring, uterus, severe</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:43 A. m.</u>	23a. ATTENDANT'S SIGNATURE <u>S. Amest</u> (Specify if M. D., midwife, or other) <u>N.D.</u>		23b. DATE SIGNED <u>5/9/57</u>
	23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. B. McCulloch</u> TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 7, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Burley, Idaho</u>
DATE REC'D BY LOCAL REG. <u>5-21-57</u>	REGISTRAR'S SIGNATURE <u>Eris Warren</u>	26. FUNERAL DIRECTOR ADDRESS <u>W. B. McCulloch - Burley, Ida.</u>	



RECEIVED

JUN 5 1957

Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 068

Local Reg. No. 15

Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH a. COUNTY ELMORE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ELMORE	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN MOUNTAIN HOME AIR FORCE BASE, IDAHO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME AIR FORCE BASE	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4165TH USAF HOSPITAL		d. STREET ADDRESS (If rural, give location) 299 MOUNTAIN VILLAGE	
3. CHILD'S NAME (Type or Print) "UNNAMED" HUDSON			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) APRIL 19 1957
7. FATHER'S NAME a. (First) LE ROY b. (Middle) DEE c. (Last) HUDSON		8. COLOR OR RACE WH	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) CANADA, CALGARY, ALBERTA	11a. USUAL OCCUPATION USAF	11b. KIND OF BUSINESS OR INDUSTRY USAF
12. MOTHER'S MAIDEN NAME a. (First) EVELYN b. (Middle) LOUISE c. (Last) SCHEAFFER		13. COLOR OR RACE WH	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) WASHINGTON, SPOKANE	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? TWO b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT <i>[Signature]</i>			
18a. LENGTH OF PREGNANCY 43 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date AUGUST 1956	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) ANENCEPHALIA		20a. FETAL CAUSES POLYHYDRAMNIOS	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR POLYHYDRAMNIOS		22. STATE ALL OPERATIONS FOR DELIVERY NONE	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:47 A.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) STANLEY D. LEVINE, M. D. 23c. ATTENDANT'S ADDRESS MOUNTAIN HOME AFB, IDA	
23b. DATE SIGNED 18 APR 57		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	25b. DATE 5/17/57	25c. NAME OF CEMETERY OR CREMATORY MEMORIAL MAUSOLEUM	25d. LOCATION (City, town, or county) (State) BOISE, IDAHO
DATE REC'D BY LOCAL REG. May 17 1957		26. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS BEY MORTUARY, INC. MOUNTAIN HOME, IDAHO	

RECEIVED

(1949 Revision of Standard Certificate)

JUN 10 1957

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No.

269

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH COUNTY <u>Franklin</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a) STATE <u>Idaho</u> b) COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Preston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Preston</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>407 1st E.</u>	
3. CHILD'S NAME (Type or Print) <u>PATRICIA ANN</u>			
4. SEX <u>FEMALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>MAY 24 1957</u>
7. FATHER'S NAME a. (First) b. (Middle) c. (Last)		8. COLOR OR RACE	
9. AGE (At time of this birth) <u>2</u> YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) b. (Middle) c. (Last) <u>LOIS ELAINE SHEIGHT</u>		13. COLOR OR RACE <u>WHITE</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>PEGRAM IDAHO</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Mother</u>			
18a. LENGTH OF PREGNANCY <u>43</u> WEEKS	18b. WEIGHT AT BIRTH <u>9</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>Yes</u> No <u>No</u> Approximate date <u>Feb, 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>NONE evident</u>	
		20b. MATERNAL CAUSES <u>NONE evident</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>pre-eclampsia</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:15 A.M.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Guyllum E. Blum</u>	
23b. DATE SIGNED <u>MAY 26, 1957</u>		23c. ATTENDANT'S ADDRESS <u>Preston, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>WEBB MORTUARY</u>		TITLE <u>PRESTON IDAHO</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>	25b. DATE <u>MAY 25, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>PARIS CITY CEMETERY</u>	25d. LOCATION (City, town, or county) (State) <u>PARIS IDAHO</u>
DATE REC'D BY LOCAL REG. <u>5-25-57</u>	REGISTRAR'S SIGNATURE <u>Eggie W. Brown</u>	26. FUNERAL DIRECTOR <u>WEBB MORTUARY</u> <u>1212 W. Main St. Preston IDAHO</u>	

RECEIVED CERTIFICATE OF STILLBIRTH JUN 3 1957 State of Idaho

State File No. 079
 Local Reg. No. 41
 Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>California</u> b. COUNTY <u>Orange</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buena Park</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Secor Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>8011 San Hureto Circle</u>	

3. CHILD'S NAME
(Type or Print)
Edith Mary Miller

4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 25, 1957</u>
-------------------------	---	--	---

7. FATHER'S NAME a. (First) <u>Harold</u> b. (Middle) <u>Otis</u> c. (Last) <u>Miller</u>	8. COLOR OR RACE <u>white</u>
--	----------------------------------

9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Emmett, Idaho</u>	11a. USUAL OCCUPATION <u>Driver Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u>
---	---	---	--

12. MOTHER'S MAIDEN NAME a. (First) <u>Rosemary</u> b. (Middle) <u>Martha</u> c. (Last) <u>Lenaghan</u>	13. COLOR OR RACE <u>white</u>
--	-----------------------------------

14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nelson, British Col.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>
--	--	---

17. INFORMANT <u>Harold C. Miller</u>	18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date
--	-----------------------------------	-----------------------------------	---

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date
-----------------------------------	-----------------------------------	---

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Prematurity</u>	20a. FETAL CAUSES <u>Prematurity</u>	20b. MATERNAL CAUSES <u>Chicken pox</u>
--	---	--

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>
---	--

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Mrs. B. Jewell</u>	(Specify if M. D., midwife, or other) <u>M.D.</u>	23b. DATE SIGNED
	23c. ATTENDANT'S ADDRESS <u>107 N. Comm., Emmett, Ida.</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Pharm W. Beatty</u>

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 27, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>May 27, 1957</u>	REGISTRAR'S SIGNATURE <u>Jean C. Beatty</u>	26. FUNERAL DIRECTOR <u>The Beatty Chapel</u>	ADDRESS <u>Emmett, Idaho</u>
---	--	--	---------------------------------

RECEIVED

(1949 Revision of Standard Certificate)

JUN 20 1957 CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 071

Local Reg. No. 28

Reg. Dist. No. 240

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Idaho</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANGEVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANGEVILLE</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Box 162</u>	

3. CHILD'S NAME
(Type or Print) Baby Boy Frazier4. SEX male 5a. THIS BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐ 5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐ 6. DATE OF STILLBIRTH (Month) (Day) (Year) MAY 27 19577. FATHER'S NAME a. (First) CARL b. (Middle) IVAN c. (Last) FRAZIER 8. COLOR OR RACE W9. AGE (At time of this birth) 29 YEARS 10. BIRTHPLACE (State or foreign country) KANSAS 11a. USUAL OCCUPATION meter reader 11b. KIND OF BUSINESS OR INDUSTRY water power12. MOTHER'S MAIDEN NAME a. (First) HAZEL b. (Middle) FAYE c. (Last) tod Hunter 13. COLOR OR RACE W14. AGE (At time of this birth) 28 YEARS 15. BIRTHPLACE (State or foreign country) OREGON 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?17. INFORMANT Hazel F. Frazier 18a. LENGTH OF PREGNANCY 22 WEEKS 18b. WEIGHT AT BIRTH LBS. OZS. 19. Was a standard serological test for syphilis performed? Yes ☒ No ☐ Approximate date February 195720a. FETAL CAUSES Unknown 20b. MATERNAL CAUSES Premature rupture of membranes21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Frequent epigastric cramping 22. STATE ALL OPERATIONS FOR DELIVERY None23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Donald J. Saltman M.D. 23b. DATE SIGNED 29 May 5723c. ATTENDANT'S ADDRESS Grangeville, Idaho 24. SIGNATURE OF AUTHORIZED OFFICIAL Donald J. Saltman TITLE25a. BURIAL, CREMATION, REMOVAL (Specify) To Patch, Regt 25b. DATE 5-28-57 25c. NAME OF CEMETERY OR CREMATORY Dr. D. H. Mackley 25d. LOCATION (City, town, or county) (State) Lewiston IdahoDATE REC'D BY-LOCAL REG. June 7, 1957 REGISTRAR'S SIGNATURE Anna Cone 26. FUNERAL DIRECTOR Donald J. Saltman ADDRESS Grangeville, Idaho

RECEIVED

(1949 Revision of Standard Certificate)

JUN 19 1957 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 072

Local Reg. No. 14

Reg. Dist. No. 242

1. PLACE OF STILLBIRTH a. COUNTY IDAHO			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY IDAHO		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COTTONWOOD			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COTTONWOOD		
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) BABY BOY KAUS					
4. SEX MALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 28 57		
7. FATHER'S NAME a. (First) ALBERT b. (Middle) A. c. (Last) KAUS		8. COLOR OR RACE White			
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Grain Wase.		
12. MOTHER'S MAIDEN NAME a. (First) ALICE b. (Middle) R c. (Last) SCHWARTZ		13. COLOR OR RACE WHITE			
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None			
17. INFORMANT <i>Robert A. Kaus</i>					
18a. LENGTH OF PREGNANCY 25 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Cause of fetal death undetermined</i> 20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Premature labor</i>			22. STATE ALL OPERATIONS FOR DELIVERY <i>Sporadic</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:05 p.m.		23a. ATTENDANT'S SIGNATURE <i>R. G. Orr</i> (Specify if M. D., midwife, or other) M.D.		23b. DATE SIGNED <i>April 30, 1957</i>	
23c. ATTENDANT'S ADDRESS <i>Cottonwood, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Cletus A. Unborn</i> If NOT attended by physician		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 30 57	25c. NAME OF CEMETERY OR CREMATORY Catholic	25d. LOCATION (City, town, or county) (State) Cottonwood, Idaho		
DATE REC'D BY LOCAL REG. <i>April 30, 1957</i>	REGISTRAR'S SIGNATURE <i>Wesley J. Orr M.D.</i> <i>ayin</i>		26. FUNERAL DIRECTOR <i>Cletus A. Unborn</i> ADDRESS Cottonwood, Idaho		

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 073
Local Reg. No. 18
Reg. Dist. No. 242

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cottonwood</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lewis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nezperce</u> d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>Kathleen Jo Eller</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 25, 1957</u>		
7. FATHER'S NAME a. (First) <u>Dale</u> b. (Middle) <u>C</u> c. (Last) <u>Eller</u>			8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) <u>Greencreek, Idaho</u>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>Willetta</u> b. (Middle) <u>Carlson</u> c. (Last) <u>White</u>			13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Fenn, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Willetta Eller (mother)</u>					
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Nov. 1956</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Antenatal intrauterine death</u> Cause <u>Unknown</u>			
		20b. MATERNAL CAUSES <u>Unknown</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:40 a.m.</u>		23a. ATTENDANT'S SIGNATURE <u>Robert M. Connell</u> (Specify if M. D., midwife, or other) <u>M.D.</u>		23b. DATE SIGNED <u>6-5-57</u>	
		23c. ATTENDANT'S ADDRESS <u>Nezperce, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>5/27/57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Nezperce, Idaho</u>		25d. LOCATION (City, town, or county) (State) <u>Nezperce, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>May 26, 1957</u>	REGISTRAR'S SIGNATURE <u>Wiley J. Orr, M.D. 4y74</u>		26. FUNERAL DIRECTOR <u>Glenn Ailor</u> ADDRESS <u>Granville, Idaho</u>		

JUN 18 1980

(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
MAY 31 1957 **State of Idaho**

State File No. 074
Local Reg. No. 22
Reg. Dist. No. 4.50

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY <u>Minidoka</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>California</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mc Farland</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rupert General</u>		d. STREET ADDRESS (If rural, give location) <u>336 San Pedro</u>	
3. CHILD'S NAME (Type or Print) <u>No Name</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) <u>May 12th 1957</u>
7. FATHER'S NAME a. (First) <u>Roger</u> b. (Middle) c. (Last) <u>Riff</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>19</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pond California</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Velma</u> b. (Middle) <u>Lou</u> c. (Last) <u>Vincent</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Casper Wyoming</u>		
17. INFORMANT <u>Miss Harrison</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u>	b. How many children were born alive but are now dead? <u>None</u>
18a. LENGTH OF PREG. NANCY <u>22</u> WEEKS		18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>0</u> OZS.	
19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Not known</u>	
		20b. MATERNAL CAUSES <u>Fetus malnourished. Probably dead about 3 weeks</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Carl H. H. H. H. H.</u>	
23b. DATE SIGNED <u>5-14-57</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>May 15 1957</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>	
DATE REC'D BY LOCAL REG. <u>5-15-57</u>		REGISTRAR'S SIGNATURE <u>May Ellen Carlson</u>	
26. FUNERAL DIRECTOR <u>Robert C Walk</u>		ADDRESS	

RECEIVED 1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho
MAY 29 1957

State File No.
Local Reg. No. **120 075**
Reg. Dist. No. **460**

1. PLACE OF STILLBIRTH a. COUNTY TWIN FALLS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY TWIN FALLS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TWIN FALLS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TWIN FALLS	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION TWIN FALLS CLINIC HOSPITAL		d. STREET ADDRESS (If rural, give location) 535 1/2 2ND AVENUE WEST	
3. CHILD'S NAME (Type or Print)			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) MAY 9 1957
7. FATHER'S NAME a. (First) EMERY b. (Middle) VAL c. (Last) KAY		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) MISSOURI	11a. USUAL OCCUPATION LABORER	11b. KIND OF BUSINESS OR INDUSTRY POTATO PACKING
12. MOTHER'S MAIDEN NAME a. (First) JANICE b. (Middle) MARIE c. (Last) CHERRY		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) OREGON	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT FATHER			
18a. LENGTH OF PREGNANCY 23 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 15 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 4-15-57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Anoxia, intrauterine, secondary to (206)		20b. MATERNAL CAUSES Premature Separation of Placenta (above)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR see (206) (above)		22. STATE ALL OPERATIONS FOR DELIVERY None.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m. Twin Falls Clinic		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Len H. Covington MD	
23b. DATE SIGNED 5-10-57.		23c. ATTENDANT'S ADDRESS Twin Falls, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL J. W. Workman		TITLE Chief	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 5-11-57	25c. NAME OF CEMETERY OR CREMATORY Magic Valley Memorial Hosp.	25d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. MAY 14 1957		26. FUNERAL DIRECTOR J. W. Workman	
REGISTERAR'S SIGNATURE Lenora O. Torman		ADDRESS Magic Valley Memorial Hosp. Twin Falls, Idaho	

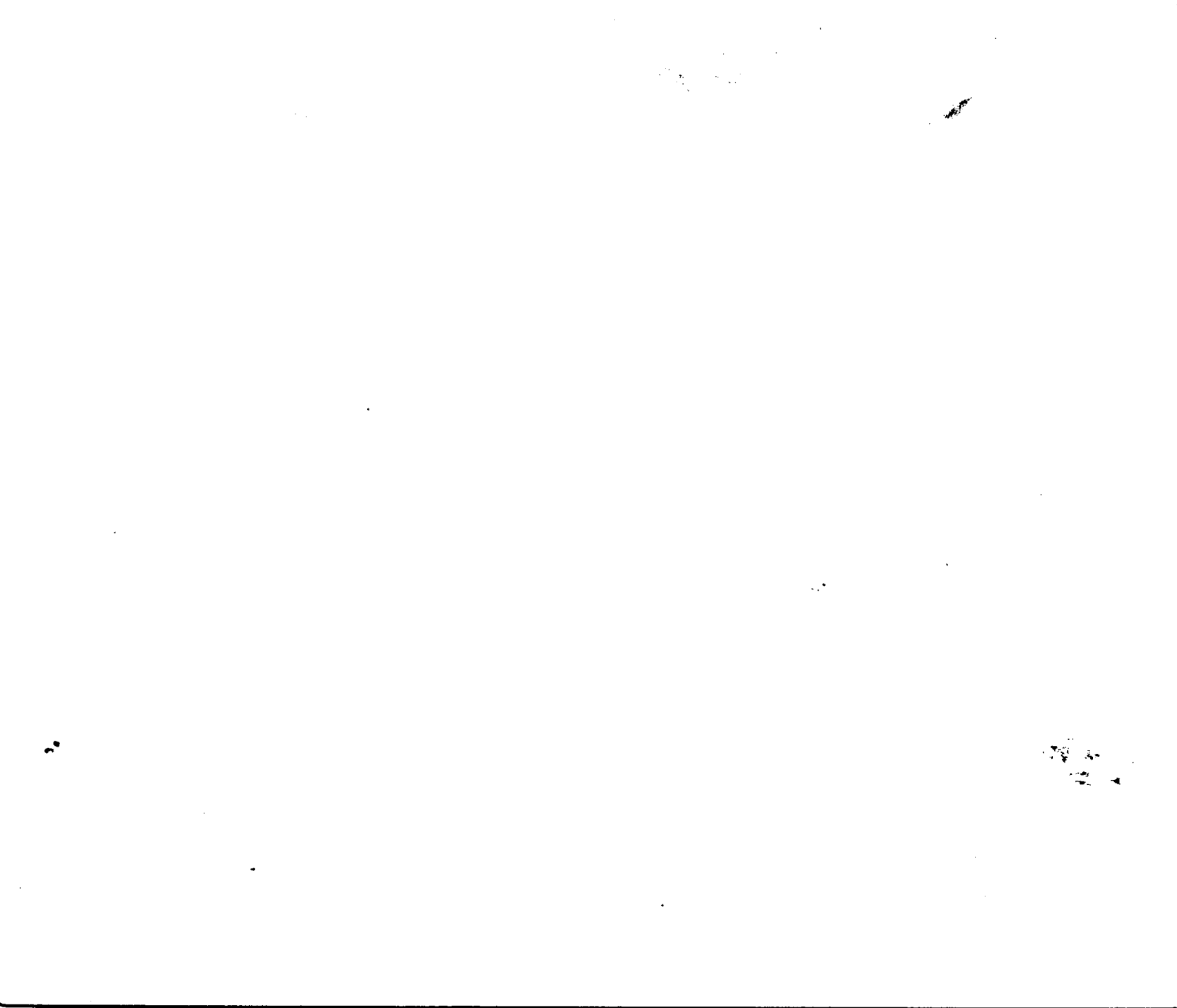
1943
573

RECEIVED
JUN 20 1957
1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 138
Reg. Dist. No. 46.0

076

1. PLACE OF STILLBIRTH (Division of Vital Statistics)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <i>Twin Falls</i>		a. STATE <i>Nevada</i>	b. COUNTY <i>Elko</i>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Twin Falls</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Wells</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Magie Valley Memorial Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Box 262</i>	
3. CHILD'S NAME (Type or Print) <i>Gaby Boy Thorne</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>May 24, 1957</i>
7. FATHER'S NAME a. (First) <i>Deke</i> b. (Middle) c. (Last) <i>Thorne</i>	8. COLOR OR RACE <i>White</i>		
9. AGE (At time of this birth) <i>30 YEARS</i>	10. BIRTHPLACE (State or foreign country) <i>Idaho</i>	11a. USUAL OCCUPATION <i>School Teacher</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Betty</i> b. (Middle) <i>June</i> c. (Last) <i>Sallee</i>	13. COLOR OR RACE <i>White</i>		
14. AGE (At time of this birth) <i>28 YEARS</i>	15. BIRTHPLACE (State or foreign country) <i>Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? <i>2</i>	b. How many children were born alive but are now dead? <i>0</i>
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Mr. Deke Thorne - Father</i>			
18a. LENGTH OF PREGNANCY <i>40 WEEKS</i>	18b. WEIGHT AT BIRTH <i>7 1/2 LBS.</i> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Erythroblastosis</i>	
		20b. MATERNAL CAUSES <i>Rh - in compatibility</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>see 20b.</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Requir 2° - perineal laceration</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Luella Covington MD</i> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <i>5-24-57</i>
		23c. ATTENDANT'S ADDRESS <i>Twin Falls Clinic</i> (If not by physician)	24. SIGNATURE OF AUTHORIZED OFFICIAL _____ TITLE _____
25a. BURIAL CREMATION, REMOVAL (Specify) <i>cremation</i>	25b. DATE <i>5-28-57</i>	25c. NAME OF CEMETERY OR CREMATOR <i>Magie Valley Memorial Hosp</i>	25d. LOCATION (City, town, or county) (State) <i>Twin Falls Idaho</i>
DATE REC'D BY LOCAL REG. <i>JUN 4 1957</i>	REGISTRAR'S SIGNATURE <i>Lenora O. Loman</i>		26. FUNERAL DIRECTOR ADDRESS <i>J. Workman, M.D., Pathologist Magie Valley Mem. Hosp Twin Falls, Idaho</i>



RECEIVED
JUN 19 1957

Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **077**
Local Reg. No. **224**
Reg. Dist. No. **370**

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Colorado b. COUNTY Delta	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Delta	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 843 A Street	
3. CHILD'S NAME (Type or Print) Christopher Calvin McClanahan			
4. SEX male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 6 1 1957
7. FATHER'S NAME a. (First) Charles b. (Middle) Calvin c. (Last) McClanahan		8. COLOR OR RACE wh	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Colorado	11a. USUAL OCCUPATION Police Officer	11b. KIND OF BUSINESS OR INDUSTRY city
12. MOTHER'S MAIDEN NAME Joyce		13. COLOR OR RACE wh.	
14. AGE (At time of this birth) 34 YEARS		15. BIRTHPLACE (State or foreign country) Texas	
17. INFORMANT Mrs. Maxine McClanahan		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date June 1, 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Premature Placental Separation	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Max L. Bell, M.D.	
23c. ATTENDANT'S ADDRESS Boise, Idaho		23b. DATE SIGNED June 1, 1957	
25a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		25b. DATE 6/1/57	
25c. NAME OF CEMETERY OR CREMATORY St. Luke's Hospital		25d. LOCATION (City, town, or county) (State) Boise, Idaho	
DATE REC'D BY LOCAL REG. 6-11-57		26. FUNERAL DIRECTOR Boyle & Munnery ADDRESS Boise, Idaho SUMMERS FUNERAL HOME	

1000

1000

1000

1000

1000

1000

RECEIVED CERTIFICATE OF STILLBIRTH

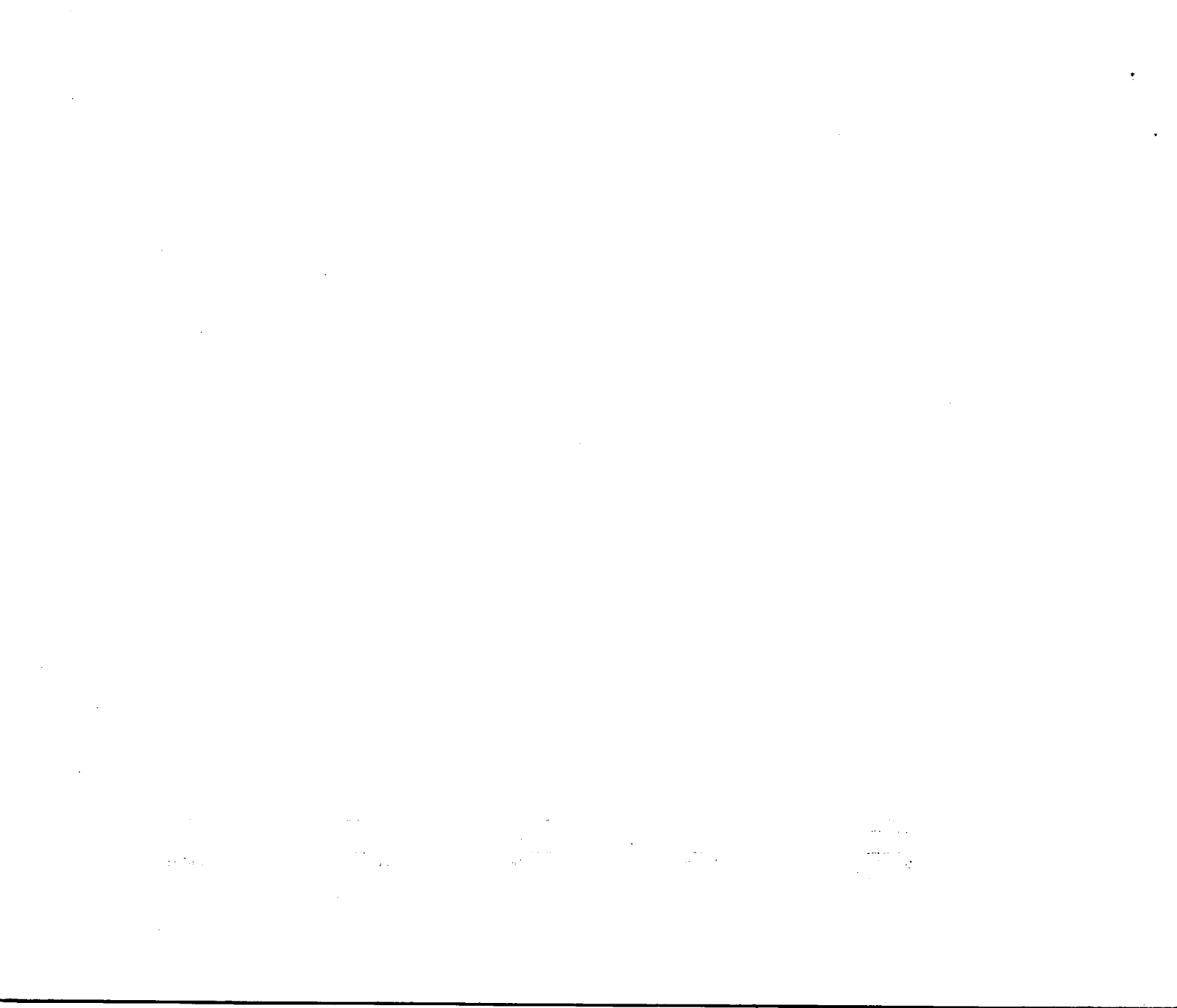
(1949 Revision of Standard Certificate)

State File No. **078**
Local Reg. No. **227**
Reg. Dist. No. **370**

JUN 19 1957

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Ada Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Colorado b. COUNTY Delta	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Delta	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 843 A street	
3. CHILD'S NAME (Type or Print) Marsha Maxine McClanahan			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 6 1 1957
7. FATHER'S NAME a. (First) Charles b. (Middle) Calvin c. (Last) McClanahan		8. COLOR OR RACE wh.	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Colorado	11a. USUAL OCCUPATION Police officer	11b. KIND OF BUSINESS OR INDUSTRY city
12. MOTHER'S MAIDEN NAME a. (First) Joyce b. (Middle) Leo c. (Last) Lowrance		13. COLOR OR RACE wh	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Texas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mother Mrs. Maxine McClanahan			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date June 1 - 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Premature Placental Separation	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR —		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Martha Bell, M.D.	
23b. DATE SIGNED 6/13/57		23c. ATTENDANT'S ADDRESS	
		24. SIGNATURE OF AUTHORIZED OFFICIAL R. Dale M. Madney TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 6/1/57	25c. NAME OF CEMETERY OR CREMATORY St. Luke's Hospital	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 6-14-57	REGISTRAR'S SIGNATURE Mirtle Palmer	26. FUNERAL DIRECTOR R. Dale M. Madney SUMMERS FUNERAL HOME ADDRESS Boise, Idaho	



PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE**RECEIVED**

(1949 Revision of Standard Certificate)

JUN 19 1957

Division of Vital Statistics

State of Idaho

State File No.

079

Local Reg. No. 226

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH

a. COUNTY

Ada

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Boise

c. FULL NAME OF HOSPITAL OR INSTITUTION

St. Lukes

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Elmore

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Mayfield

d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME

(Type or Print)

William Gary Thomson

4. SEX

Male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

June 5, 1957

7. FATHER'S NAME

a. (First)

William

b. (Middle)

Ramsey

c. (Last)

Thomson

8. COLOR OR RACE

White

9. AGE (At time of this birth)

36

YEARS

10. BIRTHPLACE (State or foreign country)

Boise, Idaho

11a. USUAL OCCUPATION

Farming

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Elda

b. (Middle)

c. (Last)

Hadley

13. COLOR OR RACE

White

14. AGE (At time of this birth)

32

YEARS

15. BIRTHPLACE (State or foreign country)

Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

None

None

None

17. INFORMANT

Mayfield Stage

Boise, Idaho

18a. LENGTH OF PREGNANCY
47 WEEKS18b. WEIGHT AT BIRTH
8 LBS. 8 OZS.19. Was a standard serological test for syphilis performed? Yes... No...
Approximate date Oct. - 1956CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

not determined on Autopsy Probable Placental Insufficiency
None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Cesarian fetal movement - 6/4/57

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

25b. DATE

June 8, 1957

25c. NAME OF CEMETERY OR CREMATORY

Morris Hill Cemetery

25d. LOCATION (City, town, or county)

Boise, Idaho

(State)

DATE REC'D BY LOCAL REG.

6-13-57

REGISTRAR'S SIGNATURE

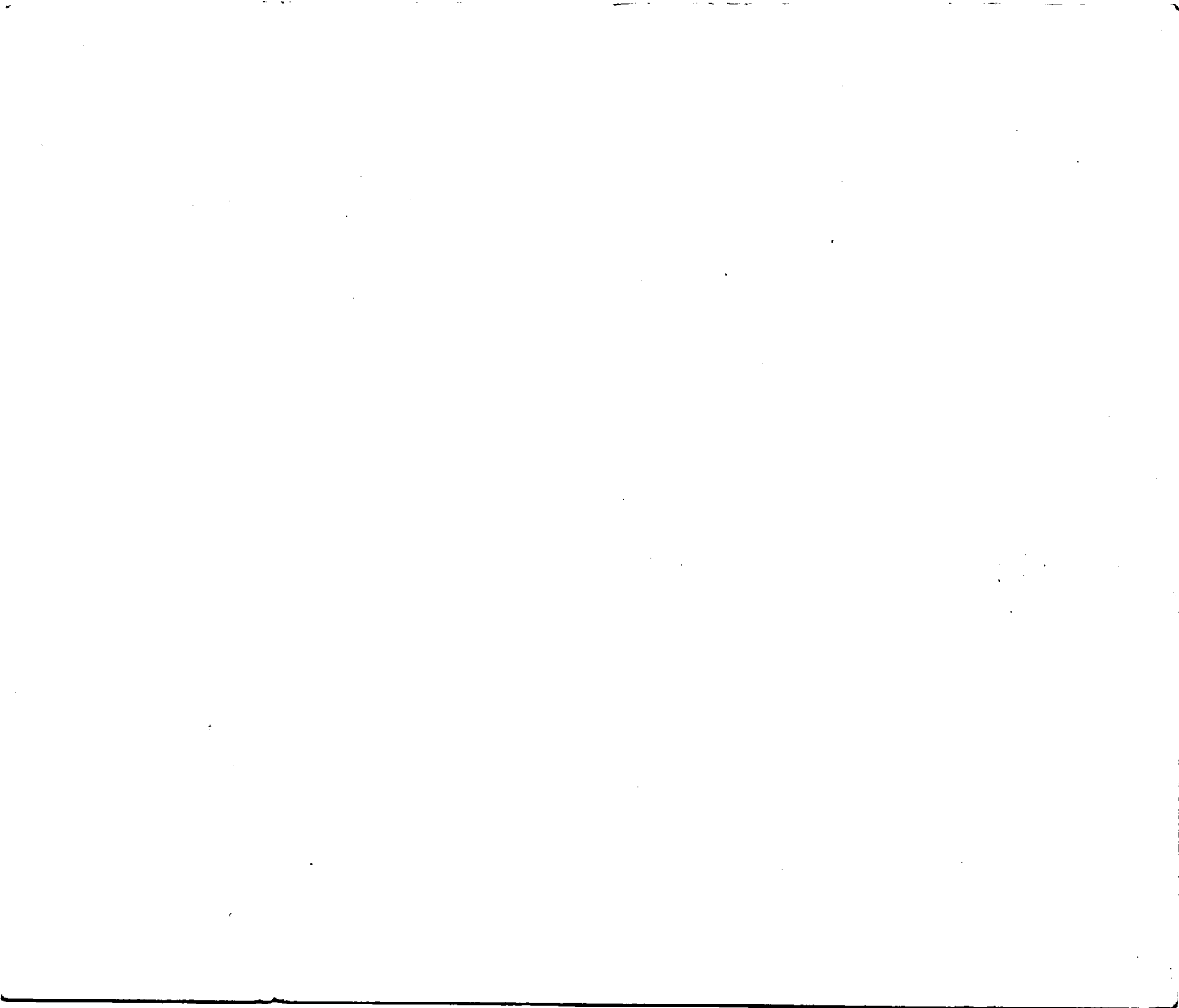
Nephtie Palmer

26. FUNERAL DIRECTOR

ADDRESS

Boise, Idaho

McBratney Alden Chapel



RECEIVED 1949 Revision of Standard Certificate)

State File No.

080

Local Reg. No. 281

Reg. Dist. No. 370

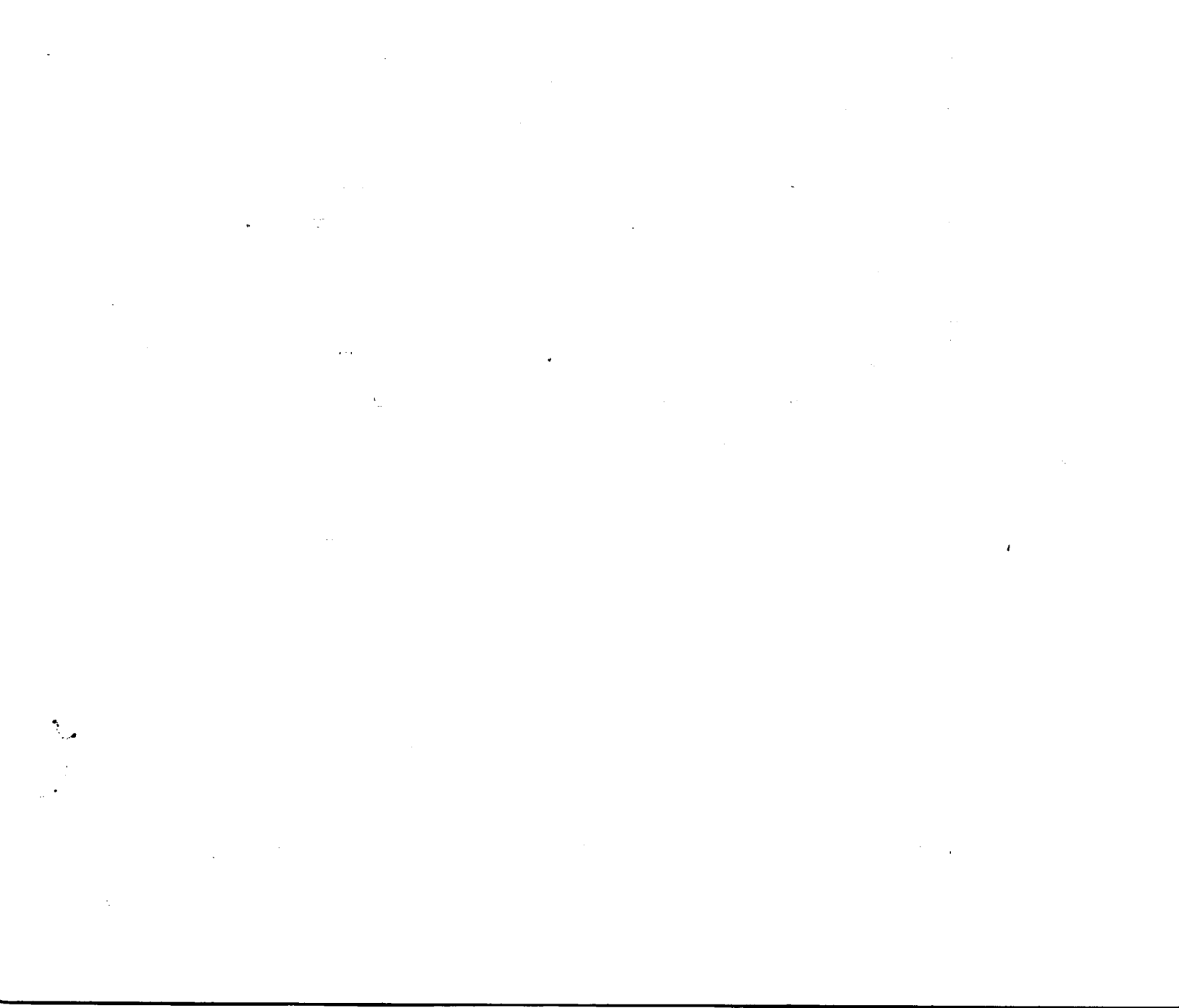
JUL 23 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonsus Hospital		d. STREET ADDRESS (If rural, give location) 2717 Hervey St.	
3. CHILD'S NAME (Type or Print) BABY BOY TERRELL			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 15 1957
7. FATHER'S NAME a. (First) Francis b. (Middle) A. c. (Last) Terrell		8. COLOR OR RACE White	
9. AGE (At time of this birth) 47 YEARS	10. BIRTHPLACE (State or foreign country) Trenton, Nebraska	11a. USUAL OCCUPATION Equipment Operator	11b. KIND OF BUSINESS OR INDUSTRY Construction
12. MOTHER'S MAIDEN NAME a. (First) Virginia b. (Middle) Burtis c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Colorado	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 7 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Francis Terrell			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythroblastosis Fetalis, Petechial Hemorrhage Brain 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Shirley M. Merrill 23b. DATE SIGNED 7/16/57 23c. ATTENDANT'S ADDRESS Boise, Idaho 23d. SIGNATURE OF AUTHORIZED OFFICIAL Robert F. Dickel TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6/18/57	25c. NAME OF CEMETERY OR CREMATORY Meridian	25d. LOCATION (City, town, or county) (State) Meridian, Idaho
DATE REC'D BY LOCAL REG. 7-19-57	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR RELYEA MORTUARY Boise, Idaho	



RECEIVED

(1949 Revision of Standard Certificate)

JUL 10 1957

Division of Vital Statistics

State of Idaho

State File No. 081

Local Reg. No. 255

Reg. Dist. No. 370

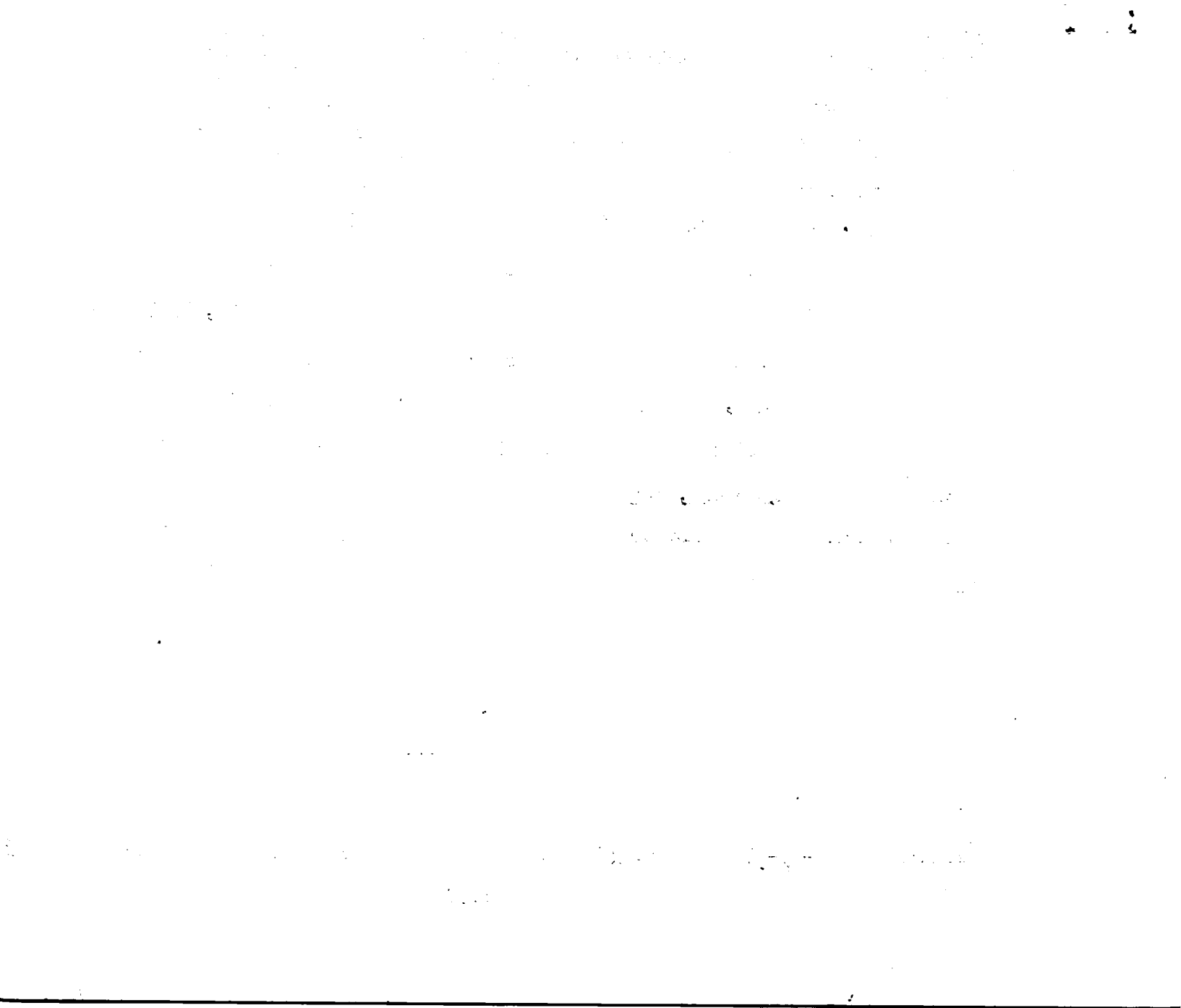
1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meridian	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus Hospital		d. STREET ADDRESS (If rural, give location) RFD# 3	
3. CHILD'S NAME (Type or Print) BABY BOY LAVELLE			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 25 1957
7. FATHER'S NAME a. (First) ROBERT b. (Middle) L. c. (Last) LAVALLE		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Nampa, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY General
12. MOTHER'S MAIDEN NAME a. (First) PATRICIA b. (Middle) c. (Last) SINDELAR		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Cedar Rapids, Iowa	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many others stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Robert L. Lavelle			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Undetermined - macerated bone	
		20b. MATERNAL CAUSES Undetermined - Dub in utero 5 da before birth	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Ernest Reynolds MD	23b. DATE SIGNED 6-27-57
23c. ATTENDANT'S ADDRESS		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Robert L. Lavelle TITLE
25a. BURIAL CREMATION, REMOVAL (Specify) Cremation	25b. DATE 6/26/57	25c. NAME OF CEMETERY OR CREMATORY Mtn. View Memorial	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 7-1-57	REGISTRAR'S SIGNATURE Myrtle Palmer		26. FUNERAL DIRECTOR RELYEA MORTUARY ADDRESS Boise, Idaho

RECEIVED

(2010 Revision of Standard Certificate)
JUL 5 1957
CERTIFICATE OF STILLBIRTH
State of Idaho
Division of Vital Statistics

State File No. 082
Local Reg. No. 18
Reg. Dist. No. 511

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1 South</u>	
3. CHILD'S NAME (Type or Print) <u>Rickie Lee Bowman</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 27, 1957</u>
7. FATHER'S NAME a. (First) <u>Evan</u> b. (Middle) <u>Webster</u> c. (Last) <u>Bowman</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Downey, Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Purina Mills</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lucile</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Sanders</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Lucile Bowman</u> mother			
18a. LENGTH OF PREGNANCY <u>26</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>3 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>November 1956</u>	
CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>no apparent fetal abnormalities except maceration</u>		
	20b. MATERNAL CAUSES <u>Polyhydramnios, toxemia</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Shoulder presentation</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Vacuum and extraction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1146 P.m.</u>	23a. ATTENDANT'S SIGNATURE <u>J. D. Kearns M.D.</u>		23b. DATE SIGNED <u>15 June 1957</u>
	23c. ATTENDANT'S ADDRESS <u>Pocatello Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Ally Manning</u>
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
<u>Removal</u>	<u>5-27-57</u>	<u>Mountainview</u>	<u>Pocatello Idaho</u>
DATE REC'D BY LOCAL REG. <u>JUL 3 1957</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smart</u>	26. FUNERAL DIRECTOR <u>Manning</u>	ADDRESS <u>Pocatello</u>



RECEIVED

(1949 Revision of Standard Certificate)

JUL 5 1957 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 083
Local Reg. No. 19
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello, Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>81 Hawthorne Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY RICH</u>			
4. SEX	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 28, 1957</u>
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) <u>Shepherd</u> c. (Last) <u>Rich</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Montpelier, Idaho</u>	11a. USUAL OCCUPATION <u>Carman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Union Pacific Railroad</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Barbara</u> b. (Middle) <u>Vera</u> c. (Last) <u>Jackson</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Thomas, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>Two</u>	
17. INFORMANT <u>Barbara Rich</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Exophthalmos - fetal hydrops</u>		
	20b. MATERNAL CAUSES <u>Complete Abruptio Placentae</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Abruptio Placentae</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:25 p.m.</u>		23a. ATTENDANT'S SIGNATURE <u>George J. Cox M.D.</u>	23b. DATE SIGNED <u>6/13/57</u>
23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Geraldine D. Smith</u> TITLE <u>Admin.</u>
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>JUL 3 1957</u>	REGISTERAR'S SIGNATURE <u>Geraldine D. Smith</u>		26. FUNERAL DIRECTOR <u>Geraldine D. Smith</u> ADDRESS <u>Admin.</u>

RECEIVED

(1949 Revision of Standard Certificate)

JUN 17 1957 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 084
Local Reg. No. 207
Reg. Dist. No. 602

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY OR TOWN Blackfoot		c. CITY OR TOWN Blackfoot	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route #3, % Claude Johnson	
3. CHILD'S NAME (Type or Print) Not Named			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 4, 1957
7. FATHER'S NAME a. (First) Emilio b. (Middle) c. (Last) Jiminez		8. COLOR OR RACE Mexican	
9. AGE (At time of this birth) 42 YEARS	10. BIRTHPLACE (State or foreign country) Texas	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Antonia b. (Middle) c. (Last) Galindo		13. COLOR OR RACE Mexican	
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Morales, Mexico	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Five b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Antonia Galindo			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date June	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Hypertension, essential (Non contributing)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:55 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [Signature] 23b. DATE SIGNED June 8, 1957	
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho		If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 6-4-57	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial Hospital, Blackfoot, Idaho	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. June 4, 1957	REGISTRAR'S SIGNATURE [Signature] ADDRESS [Signature]		

RECEIVED

(1949 Revision of Standard Certificate)

JUL 15 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 085

Local Reg. No. 32

Reg. Dist. No. 22C

1. PLACE OF STILLBIRTH a. COUNTY Franklin		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Franklin	
b. CITY OR TOWN Preston		c. CITY OR TOWN Preston	
c. FULL NAME OF HOSPITAL OR INSTITUTION General Memorial Hospital		d. STREET ADDRESS (If rural, give location) 40 North 1st East	
3. CHILD'S NAME (Type or Print) Baby Girl Poulter			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 24, 1957
7. FATHER'S NAME a. (First) Mark b. (Middle) Buttlar c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Louis b. (Middle) Poulter c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Montpelier, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Richard Sleight			
18a. LENGTH OF PREGNANCY 43 WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date January 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none evident	
		20b. MATERNAL CAUSES None evident	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Post Mature, Labor induced		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:15 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) E. G. Blasen M.D. 23c. ATTENDANT'S ADDRESS Preston Idaho	
		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE Webb Funeral Home Preston, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE May 25, 1957	25c. NAME OF CEMETERY OR CREMATORY Paris Cemetery	25d. LOCATION (City, town, or county) (State) Paris, Idaho
DATE REC'D BY LOCAL REG. 7-11-1957		26. FUNERAL DIRECTOR ADDRESS Webb Funeral Home Preston, Idaho	

RECEIVED

JUL 15 1957

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. _____

086

Local Reg. No. 36Reg. Dist. No. 240

1. PLACE OF STILLBIRTH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Preston

c. FULL NAME OF HOSPITAL OR INSTITUTION

General Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Franklin

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Preston

d. STREET ADDRESS

(If rural, give location)

3. CHILD'S NAME

(Type or Print)

Baby Boy Wickham

4. SEX

Male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLT ☐

5b. IF TWIN OR TRIPLT (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

June 18 1957

7. FATHER'S NAME

a. (First)

Donald

b. (Middle)

M

c. (Last)

Wickham

8. COLOR OR RACE

White

9. AGE (At time of this birth)

32 YEARS

10. BIRTHPLACE (State or foreign country)

Franklin, Idaho

11a. USUAL OCCUPATION

Parts Mgr.

11b. KIND OF BUSINESS OR INDUSTRY

Impliment House

12. MOTHER'S MAIDEN NAME

a. (First)

Gladys

b. (Middle)

Joy

c. (Last)

Bosen

13. COLOR OR RACE

White

14. AGE (At time of this birth)

26 YEARS

15. BIRTHPLACE (State or foreign country)

Preston, Idaho

17. INFORMANT

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

two

b. How many children were born alive but are now dead?

None

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

None

18a. LENGTH OF PREGNANCY

37 WEEKS

18b. WEIGHT AT BIRTH

8 LBS. 10 OZS.

19. Was a standard serological test for syphilis performed? Yes _____ No _____

Approximate date

November 1956

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Erythroblastosis Fetalis

20b. MATERNAL CAUSES

None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

See 20a

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:35 A.M.

23a. ATTENDANT'S SIGNATURE

(Specify if M.D., midwife, or other)

23c. ATTENDANT'S ADDRESS

Preston, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

23b. DATE SIGNED

June 30, 1957

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

June 19, 1957

25c. NAME OF CEMETERY OR CREMATORY

Preston

25d. LOCATION (City, town, or county)

Preston Idaho

(State)

DATE REC'D BY LOCAL REG.

6-30-57

REGISTRAR'S SIGNATURE

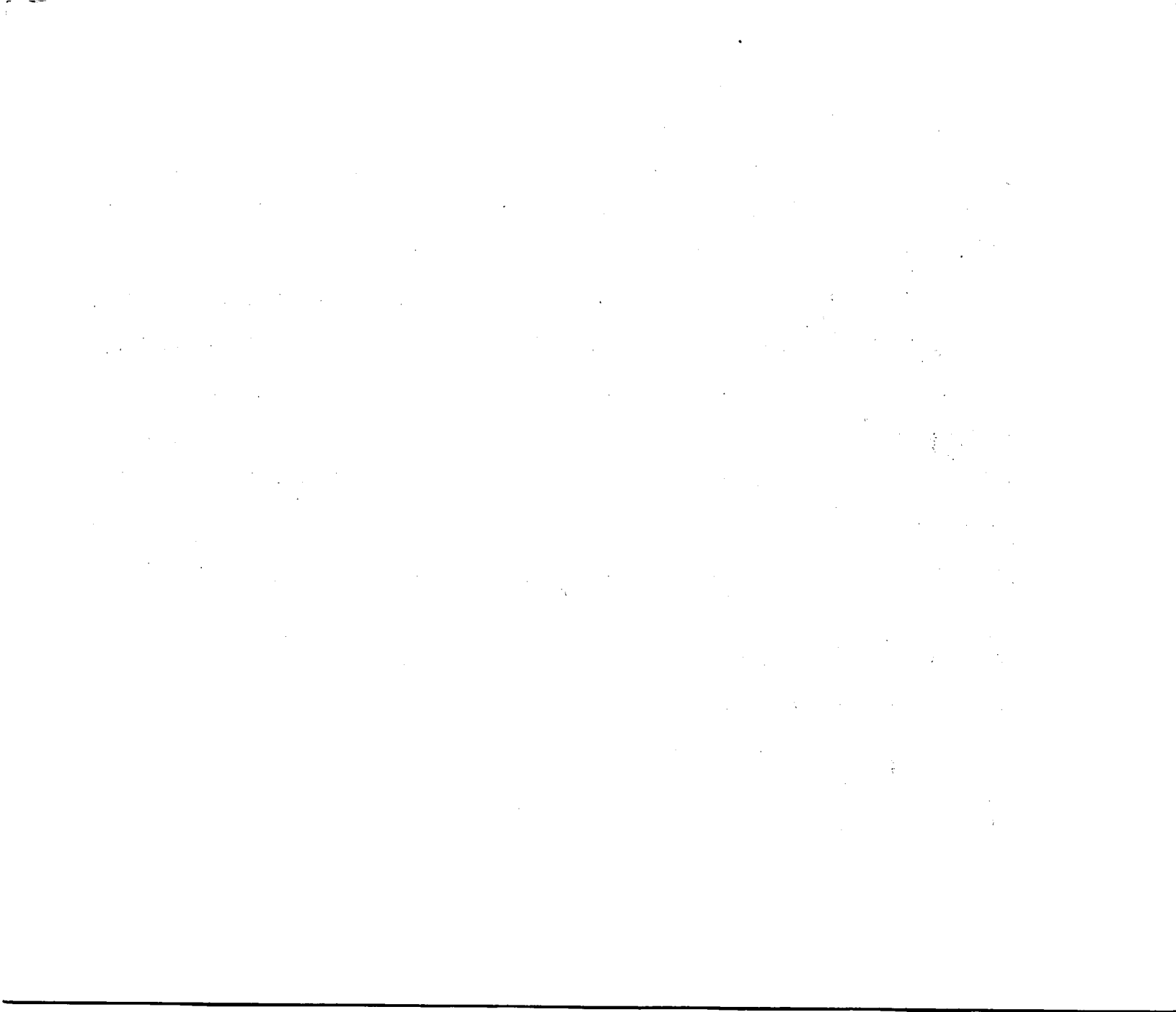
Eyes W. Brainer

26. FUNERAL DIRECTOR

ADDRESS

Webb Funeral Home

Preston, Idaho



RECEIVED

(1949 Revision of Standard Certificate)

JUL 2 1957

CERTIFICATE OF STILLBIRTH

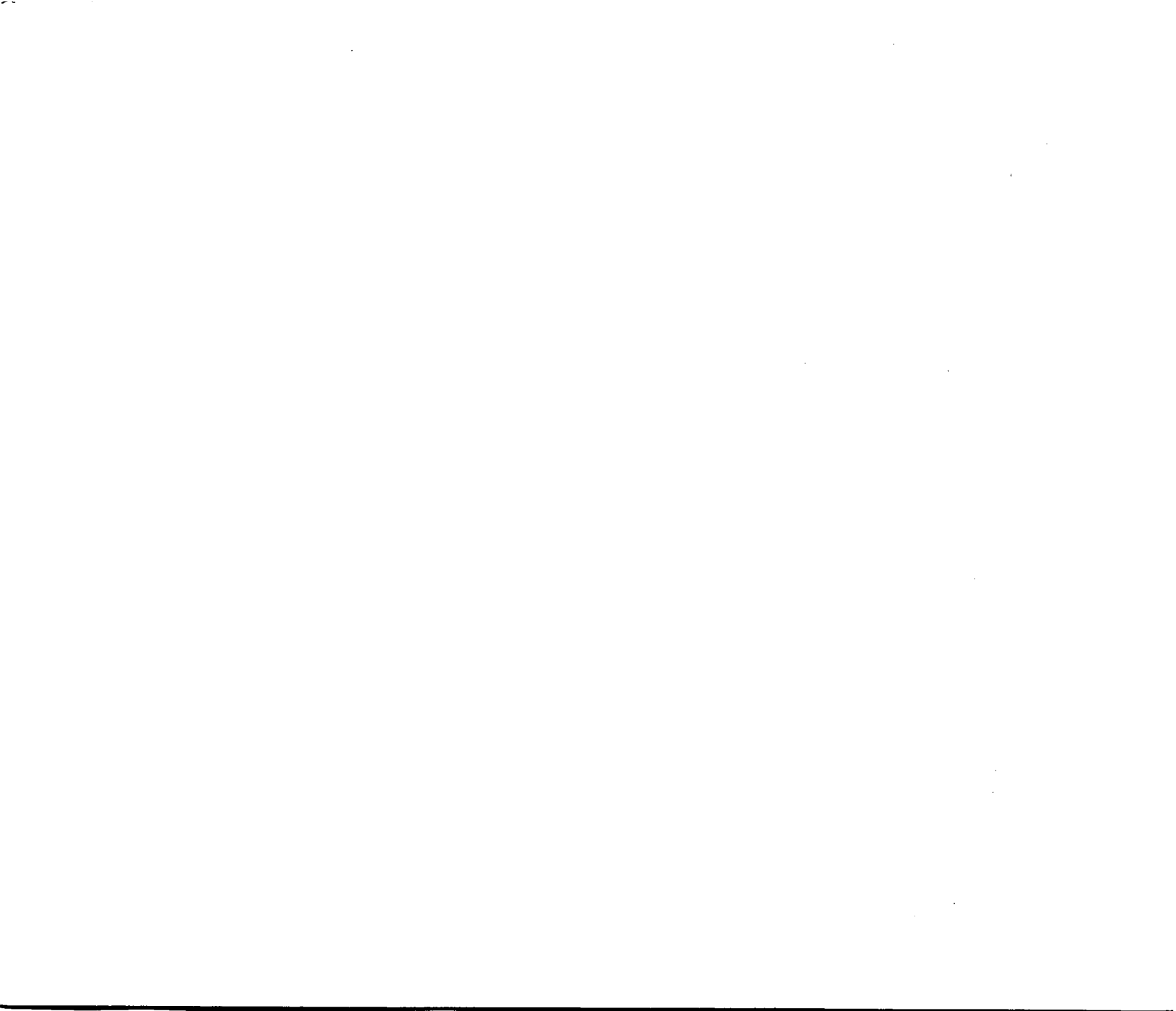
Division of Vital Statistics State of Idaho

State File No. 087

Local Reg. No. 32

Reg. Dist. No. 240

1. PLACE OF STILLBIRTH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Preston, Idaho</u>		c. CITY OR TOWN <u>Preston</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>385 West 1st. So.</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 18 1957</u>
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) <u>Marion</u> c. (Last) <u>Wickham</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Franklin, Idaho</u>	11a. USUAL OCCUPATION <u>Parts Manager</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm Implements</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Gladys</u> b. (Middle) <u>Log</u> c. (Last) <u>Bosen</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Riverdale, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Marion G. Wickham</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>November 1956</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Erythroblastosis fetalis</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:35 A.M.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Gerylund G. Blaser M.D.</u>	
23b. DATE SIGNED <u>June 23, 1957</u>		23c. ATTENDANT'S ADDRESS <u>Preston, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL		25. LOCATION (City, town, or county) (State)	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>6-22-57</u>		REGISTRAR'S SIGNATURE <u>Eugene W. Browner</u>	
26. FUNERAL DIRECTOR <u>Marion Wickham</u>		ADDRESS <u>Preston Idaho</u>	



RECEIVED

(1949 Revision of Standard Certificate)

JUN 27 1957

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 088

Local Reg. No. 47

Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Gem	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Emmett	b. COUNTY	Gem
c. FULL NAME OF HOSPITAL OR INSTITUTION	Mary Secor Hosp.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Emmett
		d. STREET ADDRESS (If rural, give location)	520 East 5th St.

3. CHILD'S NAME (Type or Print)	Larry Sherrill
------------------------------------	----------------

4. SEX	male	5a. THIS BIRTH	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born)	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year)	June 15, 1957
--------	------	----------------	---	--	--	--	---------------

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Taylor	Finis	Sherrill		white

9. AGE (At time of this birth)	42 YEARS	10. BIRTHPLACE (State or foreign country)	Norwood, Idaho	11a. USUAL OCCUPATION	Edger picker	11b. KIND OF BUSINESS OR INDUSTRY	Lumber
--------------------------------	----------	---	----------------	-----------------------	--------------	-----------------------------------	--------

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Sarah	Pauline	Starr		white

14. AGE (At time of this birth)	38 YEARS	15. BIRTHPLACE (State or foreign country)	Emmett, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
				a. How many children are now living? 3

17. INFORMANT	Dr. Fred Finis Sherrill	b. How many children were born alive but are now dead? 1	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
---------------	-------------------------	--	---

18a. LENGTH OF PREGNANCY	27 WEEKS	18b. WEIGHT AT BIRTH	LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Premature separation of the placenta
	20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
Premature separation of the placenta	Cesarean section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE mm B. Jewell, M.D.	(Specify if M. D., midwife, or other)	23b. DATE SIGNED 6-20-57
	23c. ATTENDANT'S ADDRESS	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
burial	June 17, 1957	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
June 3, 1957	Jean C. Blatty	The Beatty Chapel	Emmett, Idaho

RECEIVED

(1974) Revision of Standard Certificate)

JUL 19 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 089
Local Reg. No. 2
Reg. Dist. No. 640

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Jefferson		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby	
c. FULL NAME OF HOSPITAL OR INSTITUTION Rigby Maternity Hospital		d. STREET ADDRESS (If rural, give location) 128 Short Street	
3. CHILD'S NAME (Type or Print) BABY WEEKS			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 23, 1957
7. FATHER'S NAME a. (First) Aubry b. (Middle) Lewis c. (Last) Weeks		8. COLOR OR RACE White	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Tenn.	11a. USUAL OCCUPATION Bread Wrapper	11b. KIND OF BUSINESS OR INDUSTRY Bakery
12. MOTHER'S MAIDEN NAME a. (First) Sharon b. (Middle) LuJean c. (Last) Harris		13. COLOR OR RACE White	
14. AGE (At time of this birth) 16 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. Elizabeth Harris			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Collapsed Cord around neck + Leg - Pressure		20a. FETAL CAUSES Collapsed Cord around neck + Leg - Pressure 20b. MATERNAL CAUSES None during birth.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Israel Hall, M.D. 23b. DATE SIGNED 25 June 57	
23c. ATTENDANT'S ADDRESS Rigby, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL IF NOT attended by physician TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6/26/57	25c. NAME OF CEMETERY OR CREMATORY Ucon	25d. LOCATION (City, town, or county) (State) Ucon, Idaho
DATE REC'D BY LOCAL REG. July 16/57		26. FUNERAL DIRECTOR ADDRESS Mrs. A. B. Eckersell Rigby, Idaho	

RECEIVED

(Revision of Standard Certificate)

JUL 22 1957**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 090Local Reg. No. 722Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>Baby Boy Wunderlich</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 20 1957</u>		
7. FATHER'S NAME a. (First) <u>Gerald</u>		b. (Middle)		c. (Last) <u>Wunderlich</u>	
8. COLOR OR RACE <u>White</u>					
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>service station owner</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Gasoline</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Donna</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Brink</u>	
13. COLOR OR RACE <u>White</u>					
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>S.D.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Gerald Wunderlich</u>					
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>November 14, 1956</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u>			
		20b. MATERNAL CAUSES <u>unknown</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:38</u> a.m.		23a. ATTENDANT'S SIGNATURE <u>E. E. Adams</u> (Specify if M. D., midwife, or other) <u>M.D.</u>		23b. DATE SIGNED <u>7/16/57</u>	
23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>David R. Tate</u>		TITLE <u>Moscow, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>June 21, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Catholic</u>		25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>	
DATE REC'D BY LOCAL REG. <u>7-20-57</u>	REGISTRAR'S SIGNATURE <u>Lain E. Skaggs</u>	26. FUNERAL DIRECTOR <u>David R. Tate</u>		ADDRESS <u>Moscow, Idaho</u>	

RECEIVED

JUN 21 1957

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 091

Local Reg. No. 93

Reg. Dist. No. 4.50

1. PLACE OF STILLBIRTH a. COUNTY Minidoka		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Texas b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tahucca	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rupert General Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 9 1957
7. FATHER'S NAME a. (First) Alex Rivas b. (Middle) c. (Last)			8. COLOR OR RACE Mexican
9. AGE (At time of this birth) 24 Yrs YEARS	10. BIRTHPLACE (State or foreign country) Mathis Texas	11a. USUAL OCCUPATION Farm Laborer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) San Fabricco b. (Middle) c. (Last)			13. COLOR OR RACE Mexican
14. AGE (At time of this birth) 16 YEARS	15. BIRTHPLACE (State or foreign country) Walder Texas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnant) None	
17. INFORMANT			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES not known	
		20b. MATERNAL CAUSES not known	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) C. F. Dally M.D.		23b. DATE SIGNED 6/10/57
	23c. ATTENDANT'S ADDRESS Rupert Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 10 1957	25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery	25d. LOCATION (City, town, or county) (State) Rupert Idaho
DATE REC'D BY LOCAL REG. 6-10-57	REGISTRAR'S SIGNATURE Mary Ellen Garban	26. FUNERAL DIRECTOR ADDRESS Robert C Walk Rupert Idaho	

RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUN 21 1957

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No.

092

Local Reg. No.

36

Reg. Dist. No.

4.50

1. PLACE OF STILLBIRTH a. COUNTY Minidoka		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Minidoka	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert	
c. FULL NAME OF HOSPITAL OR INSTITUTION Rupert General Hospital		d. STREET ADDRESS (If rural, give location) 913 3rd st	
3. CHILD'S NAME (Type or Print) No Name			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 12 1957
7. FATHER'S NAME a. (First) John Ferch b. (Middle) c. (Last)		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Lineman	11b. KIND OF BUSINESS OR INDUSTRY Electrical Constructi
12. MOTHER'S MAIDEN NAME a. (First) Janet Burgess b. (Middle) c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Nevada	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT John W. Ferch			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 3.0 LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April 4, 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Placental Separation.	
		20b. MATERNAL CAUSES none determined	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Periodic hemorrhaging.		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:00 P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) D. W. Crawford, M.D.	
23b. DATE SIGNED June 15, 1957		23c. ATTENDANT'S ADDRESS Rupert, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Robert C Walk		TITLE Rupert Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 15 57	25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery	25d. LOCATION (City, town, or county) (State) Rupert Idaho
DATE REC'D BY LOCAL REG. 6-17-57	REGISTRAR'S SIGNATURE Mary Ellen Carlson	26. FUNERAL DIRECTOR ADDRESS Robert C Walk Rupert Idaho	

RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUL 1 1957

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

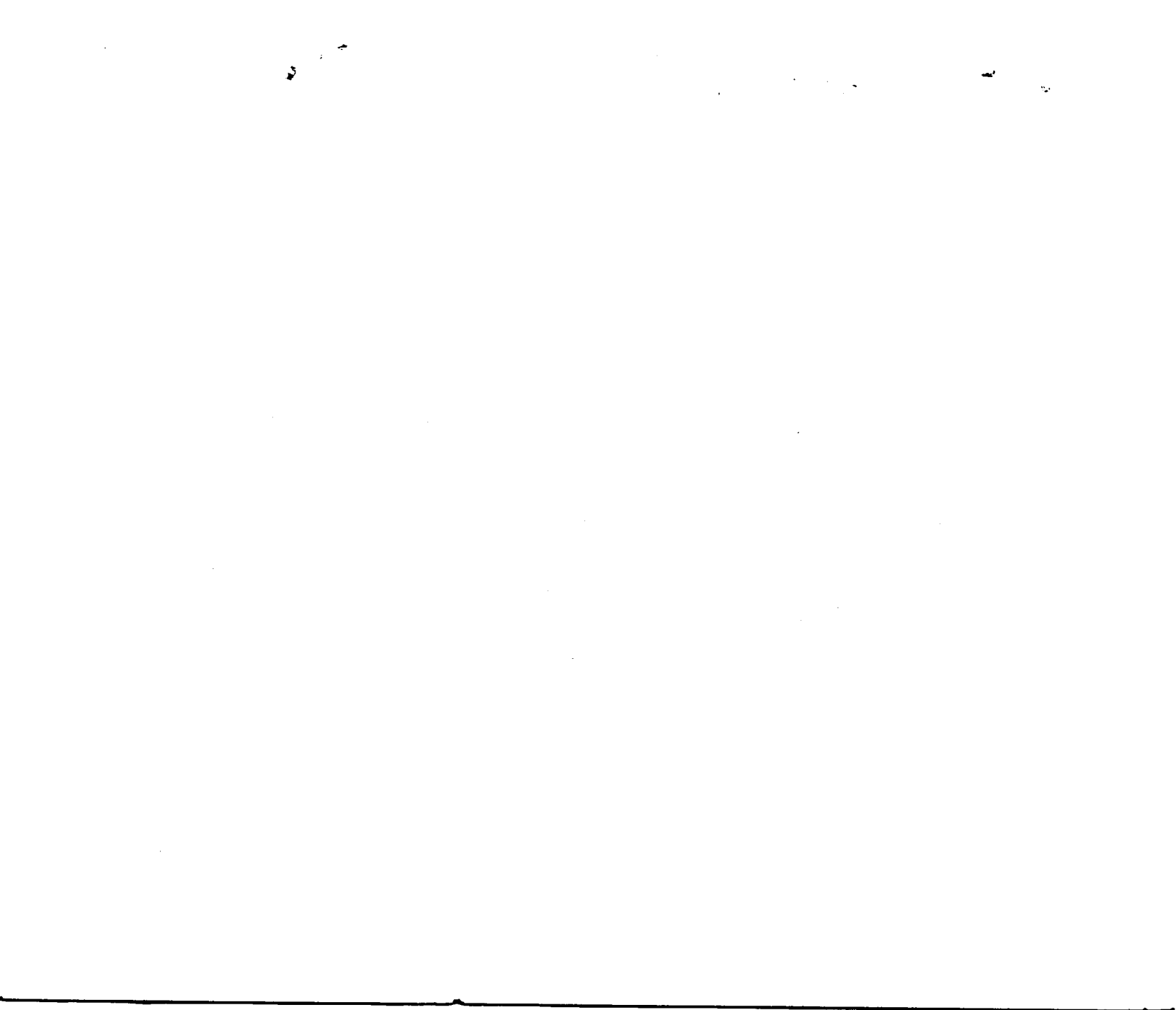
Division of Vital Statistics State of Idaho

State File No. 093

Local Reg. No. 41

Reg. Dist. No. 4.50

1. PLACE OF STILLBIRTH a. COUNTY Minidoka		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR Rupert TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR _____ TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION Rupert General Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) James Thomas Perry			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 21 1957
7. FATHER'S NAME a. (First) Bert Eugene Perry b. (Middle) _____ c. (Last) _____		8. COLOR OR RACE White	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Gooding Idaho	11a. USUAL OCCUPATION Well Driller	11b. KIND OF BUSINESS OR INDUSTRY Farms-Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Anna Leona Bolton b. (Middle) James c. (Last) _____		13. COLOR OR RACE White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Iowa	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Bert Perry			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date _____	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Asphyxia		20a. FETAL CAUSES Child about head 2x to body	
20b. MATERNAL CAUSES Central placental separation of placenta			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) E. D. Mitchell, M.D.	
23b. DATE SIGNED 6/29/57		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE _____	
23c. ATTENDANT'S ADDRESS 645 5th St, Rupert, Id.		If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 25 1957	25c. NAME OF CEMETERY OR CREMATORY Gooding Cemetery	25d. LOCATION (City, town, or county) (State) Gooding Idaho
DATE REC'D BY LOCAL REG. 6-28-57	REGISTRAR'S SIGNATURE Mary Ellen Carlson	26. FUNERAL DIRECTOR ADDRESS Robert C Walk Rupert Idaho	



DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of James Thomas Perry
now lying buried in Gooding (Elmwood) Cemetery, in the City or Town of Gooding
County of Gooding State of Idaho, who died on the 21 day of June, 1957, Aged _____ years _____ months
_____ days, the cause of death being Stillborn and
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever
or yellow fever as shown by the certificate of death of said deceased, given by
Dr. Martindale attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by Railway
to Green Acres Mem. Gardens Cemetery in the City or Town of Scotsdale County of ---
State of Arizona to take effect upon the approval by the local board of health of the City, Town, or County of

Gooding it being understood and provided that nothing herein shall be deemed as contravening or in
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to:
Robert S. Meyer
Thompson Chapel
Gooding, Idaho

this 2nd day of December, A.D. 1960.

W. W. Benson

by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,
Town or County of _____ State of Idaho, this _____ day of _____, 19____.

Health Officer

TITLE 39, CHAPTER 2, VOL. 7 OF THE IDAHO CODE

"Sec. 39-211. No body shall be disinterred within the State of Idaho except upon a permit granted by the State Board of Health. The forms of disinterment permits shall be prepared by the State Board of Health. Disinterment and removal must be done under the personal supervision of a licensed embalmer, and must be done at an hour when there is the least possible exposure. Only such persons as are actually necessary shall be present. The coffin shall not be opened either at place of disinterment or place of destination, except special permit be issued by the State Board of Health. And in case of disinterment of bodies dead by reason of contagious and infectious diseases, as shown by the certificate of death given by the attending physician, the sexton and all other persons engaged in such removal or being present shall immediately thereafter change their clothing and properly disinfect their hands, head and face, provided, that such disinterment may also be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every permit: provided, also, that in case of any contagious and infectious disease where remains are to be shipped to points in other states, permission must first be obtained from the Secretary of State Board of Health of such State. The State Board of Health may also issue a special disinterment permit for legal purposes. This permit for legal purposes shall be granted only upon application of a prosecuting attorney or the Attorney General of this State, stating therein such facts which make it evident to the State Board of Health that the ends of justice require that disinterment be permitted. Such special disinterment for legal purposes shall be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every such special disinterment permit for legal purposes."

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED

949 Revision of Standard Certificate)

JUN 24 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

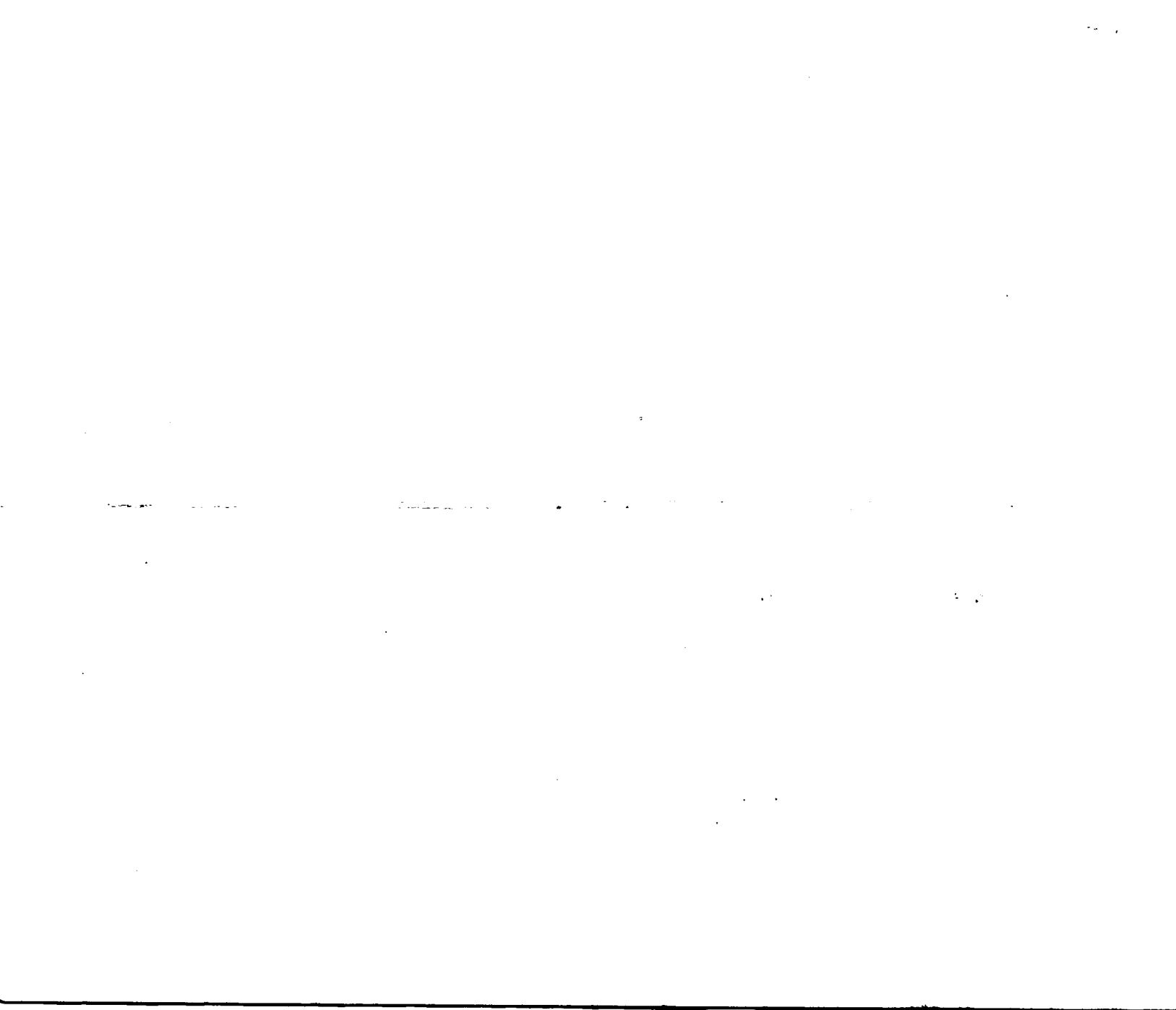
State File No. 094

Local Reg. No. 170

Reg. Dist. No. 220

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Clearwater	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weippe	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) William Lee Opresik			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 13, 1957
7. FATHER'S NAME a. (First) John b. (Middle) c. (Last) Opresik		8. COLOR OR RACE White	
9. AGE (At time of this birth) 45 YEARS	10. BIRTHPLACE (State or foreign country) Winber, Penn.	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Rose b. (Middle) c. (Last) Bringman		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Eagle Butte, S. Dak.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT John Opresik			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Torsion of Cord cutting of circulation to baby	
		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) James B. Barden	
23b. DATE SIGNED 6/21/57		24. SIGNATURE OF AUTHORIZED OFFICIAL M. E. Gilbert TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6-15-1957	25c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	25d. LOCATION (City, town, or county) (State) Opofino Idaho
DATE REC'D BY LOCAL REG. 6/21/57	REGISTRAR'S SIGNATURE Cora Kinger	26. FUNERAL DIRECTOR M. E. Gilbert ADDRESS Orofino Gilbert's Funeral Chapel	



RECEIVED

(1949 Revision of Standard Certificate)

JUL 1 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

095

Local Reg. No.

Reg. Dist. No.

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph			d. STREET ADDRESS (If rural, give location) 3638 Thain		
3. CHILD'S NAME (Type or Print) Baby Boy Rudd					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 23, 1957		
7. FATHER'S NAME a. (First) Marvin b. (Middle) L. c. (Last) Rudd		8. COLOR OR RACE White			
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Provost, Alberta, Canada,	11a. USUAL OCCUPATION Retail Salesman	11b. KIND OF BUSINESS OR INDUSTRY Dairying		
12. MOTHER'S MAIDEN NAME a. (First) Ruth b. (Middle) Marion c. (Last) Watson		13. COLOR OR RACE White			
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Chicago, Illinois	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None			
17. INFORMANT <i>Marvin L. Rudd</i>					
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 12 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Asphyxia. Intracranial Hemorrhage.</i>			
		20b. MATERNAL CAUSES <i>Premature Separation of Placenta</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Premature labor</i>			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:10 P. M.		23a. ATTENDANT'S SIGNATURE <i>W.R. Pierce MD</i>		23b. DATE SIGNED 6/25/57	
		23c. ATTENDANT'S ADDRESS 307 St. John's Way	If NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL R.E. DeBarn TITLE Lewiston, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 6/27/57	25c. NAME OF CEMETERY OR CREMATORY Smith Funeral Home		25d. LOCATION (City, town, or county) (State) Spokane, Wash.	
DATE REC'D BY LOCAL REG. 6/25/57		REGISTRAR'S SIGNATURE <i>Cara Kinzer</i>		26. FUNERAL DIRECTOR'S ADDRESS Prower-Wapp Lewiston, Idaho	

Dr. Pierce

RECEIVED

(1949 Revision of Standard Certificate)

JUL 22 1957**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. **096**Local Reg. No. **73**Reg. Dist. No. **112**

1. PLACE OF STILLBIRTH a. COUNTY Shoshone		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Shoshone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Page, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Page, Idaho	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Box 535		d. STREET ADDRESS (If rural, give location) Box 535	
3. CHILD'S NAME (Type or Print) Unnamed Infant			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb 15 1957
7. FATHER'S NAME a. (First) Earl b. (Middle) D. Wiles c. (Last)		8. COLOR OR RACE White	
9. AGE (At time of this birth) Thirty-three YEARS	10. BIRTHPLACE (State or foreign country) Baker City, Oregon	11a. USUAL OCCUPATION Miner	11b. KIND OF BUSINESS OR INDUSTRY Mining
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Blanche c. (Last) Swigart		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Nampa, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? one b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? one	
17. INFORMANT Father			
18a. LENGTH OF PREGNANCY 26 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Prematurity and Immaturity.</i>	
		20b. MATERNAL CAUSES <i>None demonstrated. Possible acute endometritis.</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>As above.</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Robert J. Penick</i>		23b. DATE SIGNED <i>17 Feb 57</i>
	23c. ATTENDANT'S ADDRESS <i>Wataco, Idaho</i>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>David M. Anderson</i> TITLE <i>Wataco, Idaho.</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 25 '57	25c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	25d. LOCATION (City, town, or county) (State) Kellogg Idaho
DATE REC'D BY LOCAL REG. Feb 27 1957	REGISTRAR'S SIGNATURE <i>E. E. E. E.</i>	26. FUNERAL DIRECTOR <i>David M. Anderson</i> ADDRESS <i>Wataco, Idaho.</i>	

100-1000

RECEIVED

(1949 Revision of Standard Certificate)

JUN 20 1957

State of Idaho
Division of Vital Statistics

State File No. 097
Local Reg. No. 138
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <i>Twin Falls</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Gooding</i>	
b. CITY OR TOWN <i>Twin Falls, Idaho</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Gooding</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Magie Valley Memorial Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>R# 2</i>	
3. CHILD'S NAME (Type or Print)			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>June 1 1957</i>
7. FATHER'S NAME a. (First) <i>Charles</i> b. (Middle) <i>Lee</i> c. (Last) <i>Christensen</i>		8. COLOR OR RACE <i>W.</i>	
9. AGE (At time of this birth) <i>24</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Wendell, Idaho</i>	11a. USUAL OCCUPATION <i>Banker</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>First Security Bank</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Patricia</i> b. (Middle) <i>Jane</i> c. (Last) <i>Stephens</i>		13. COLOR OR RACE <i>W.</i>	
14. AGE (At time of this birth) <i>20</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Gooding, Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>1</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Mother</i>			
18a. LENGTH OF PREG. NANCY <i>7 MOS</i> WEEKS	18b. WEIGHT AT BIRTH <i>7 LBS. 1 1/2 OZS.</i>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Erythroblastosis Fetalis</i>	
		20b. MATERNAL CAUSES <i>Rh negative blood</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>low forceps</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Nancy Blum</i>	(Specify if M. D., midwife, or other)
		23b. DATE SIGNED <i>June 1, 1957</i>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Wendell</i>	TITLE
25a. BURIAL CREMATION, REMOVAL (Specify) <i>BURIAL</i>	25b. DATE <i>6/4/1957</i>	25c. NAME OF CEMETERY OR CREMATORY <i>WENDELL</i>	25d. LOCATION (City, town, or county) (State) <i>CITY IDA.</i>
DATE REC'D BY LOCAL REG <i>June 6, 1957</i>	REGISTRAR'S SIGNATURE <i>Lenora O. Jordan</i>	25. FUNERAL DIRECTOR <i>J. Fairweather</i>	ADDRESS <i>Wendell, Ida.</i>

DEC 2 1950

RECEIVED
Dr. Hancher

JUN 19 1957

(1949 Revision of Standard Certificate)

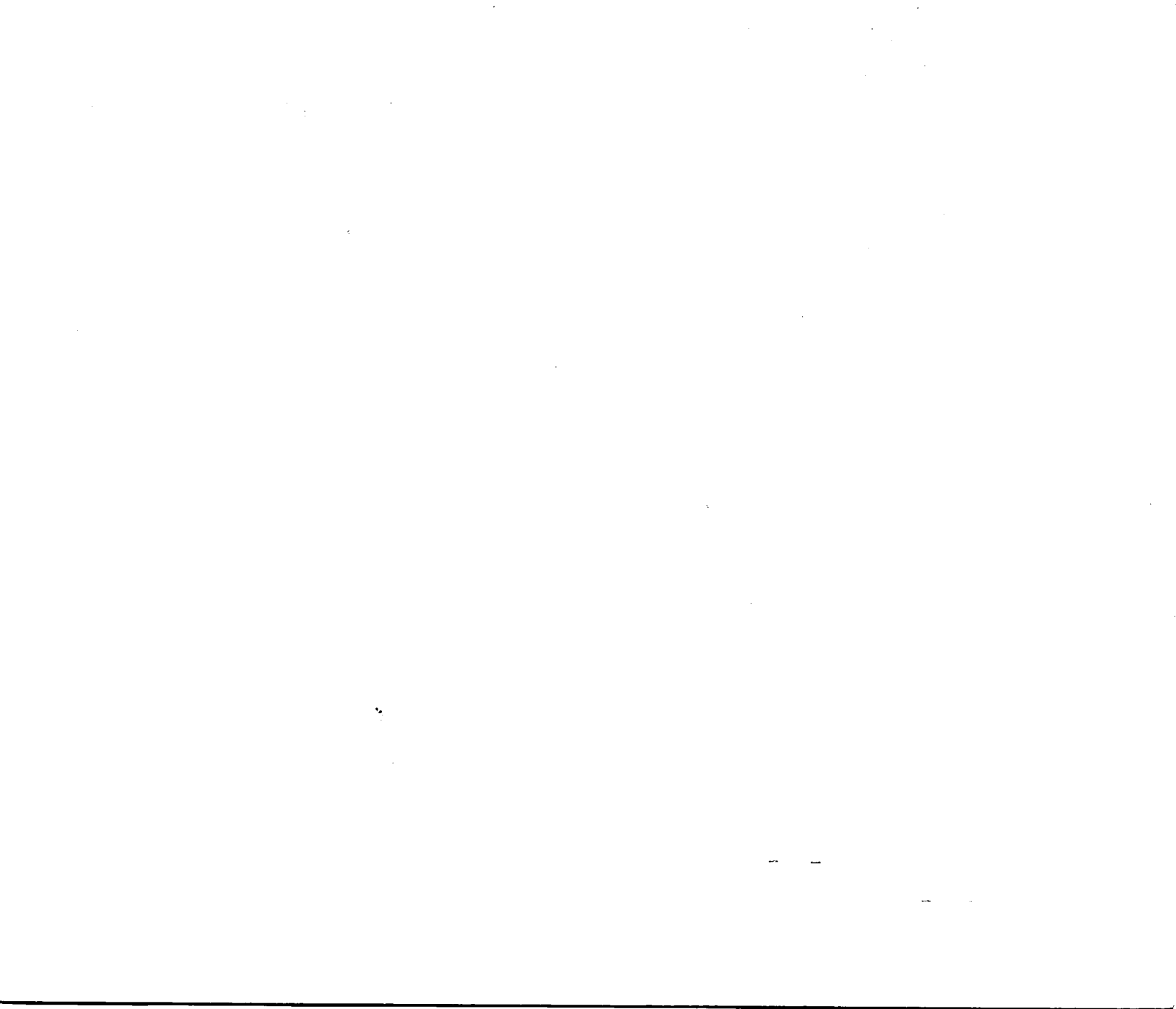
CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 098
Local Reg. No. 40
Reg. Dist. No. 320

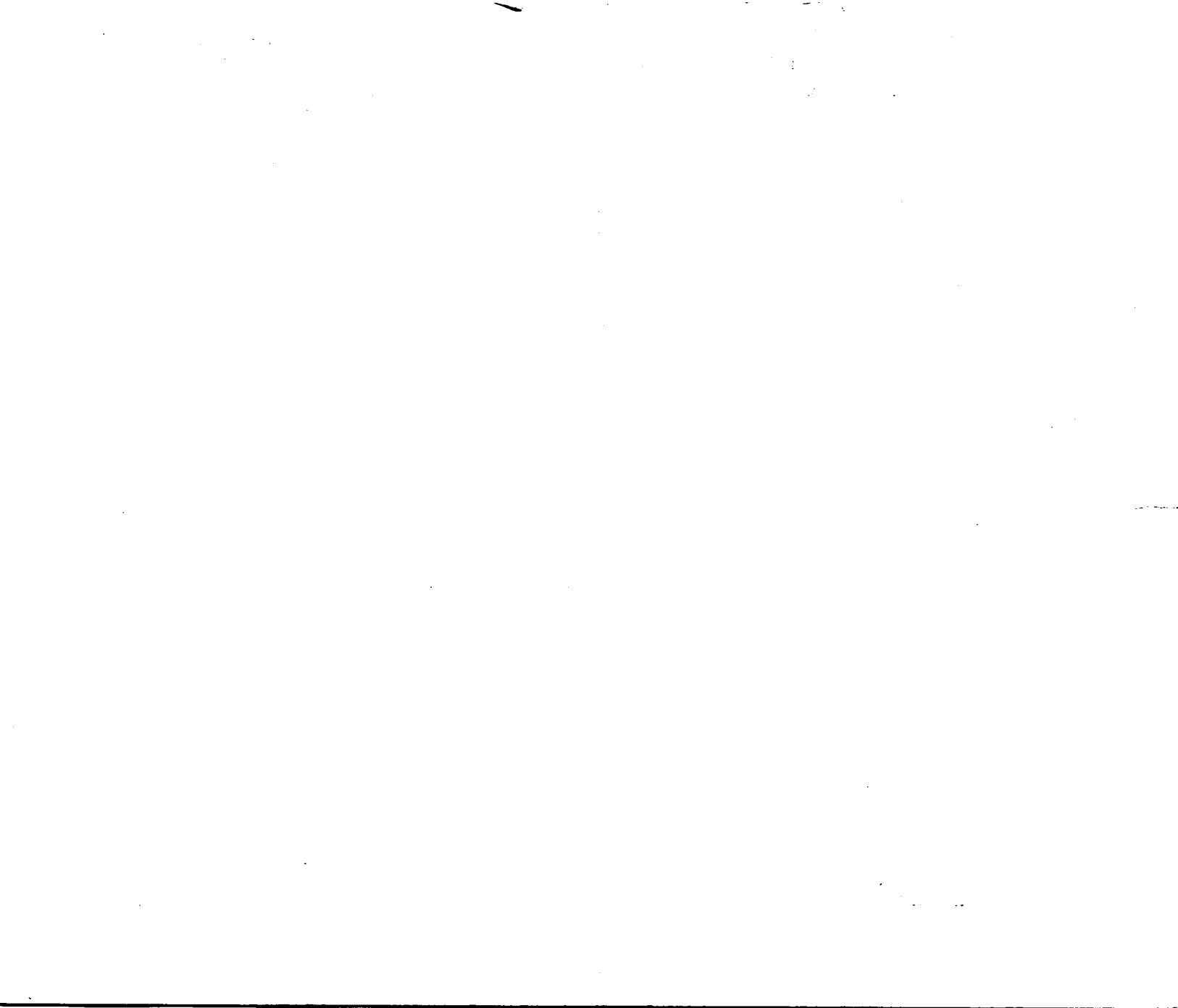
1. PLACE OF STILLBIRTH a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser	
c. FULL NAME OF HOSPITAL OR INSTITUTION Weiser Memorial		d. STREET ADDRESS (If rural, give location) 1009 E. 5th	
3. CHILD'S NAME (Type or Print) Infant Boy Guiver			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 8, 1957
7. FATHER'S NAME a. (First) Acel		b. (Middle) E.	c. (Last) Guiver
8. COLOR OR RACE White			
9. AGE (At time of this birth) 47 YEARS	10. BIRTHPLACE (State or foreign country) Carey, Idaho	11a. USUAL OCCUPATION Contractor	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Nellie		b. (Middle) M.	c. (Last) Kiser
13. COLOR OR RACE White			
14. AGE (At time of this birth) 42 YEARS	15. BIRTHPLACE (State or foreign country) Weiser, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT - Ag L. Guiver			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 13 OZS.	19. Was a standard serological test for syphilis performed? Yes...X No..... Approximate date 2/5/57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown - Fetus died in uterus at about 7 1/2 mos - 20b. MATERNAL CAUSES None Found	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Fetal death in uterus at 30 weeks		22. STATE ALL OPERATIONS FOR DELIVERY Induced labor 3-4 weeks after death of fetus	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:08 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., nurse, or other) Hyden Hancher, M.D. 23b. DATE SIGNED 18 June 57	
23c. ATTENDANT'S ADDRESS Weiser - Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE 6-10-57	25c. NAME OF CEMETERY OR CREMATORY Hillcrest	25d. LOCATION (City, town, or county) (State) Weiser, Idaho
DATE REC'D BY LOCAL REG. 6-10-57	REGISTRAR'S SIGNATURE R. D. Thompson	26. FUNERAL DIRECTOR F. B. Oakley ADDRESS Weiser, Idaho	



RECEIVED 1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
JUL 1 1957
State of Idaho

State File No. 099
Local Reg. No. 113
Reg. Dist. No. 320

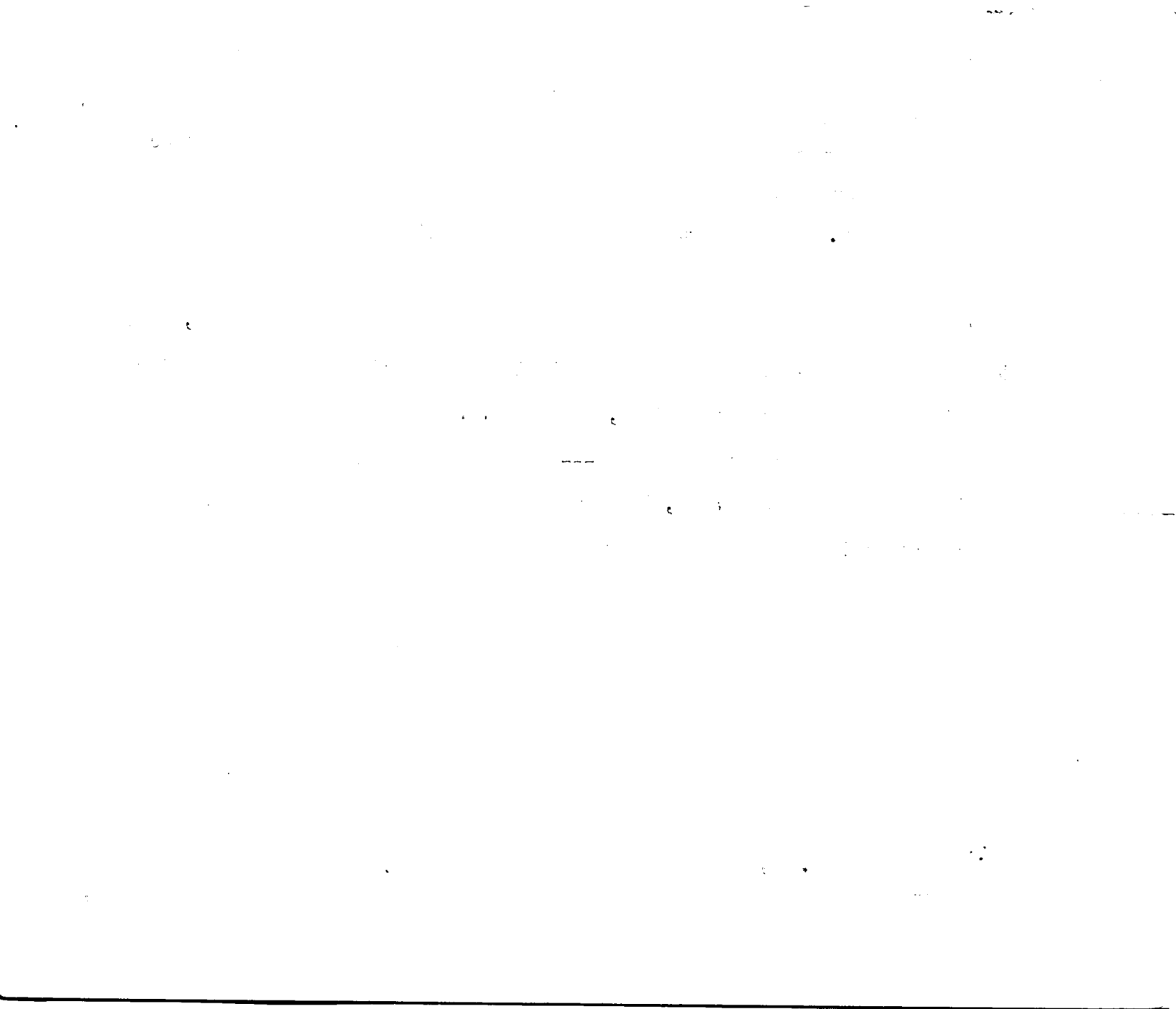
1. PLACE OF STILLBIRTH a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Oregon b. COUNTY Baker	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntington	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Weiser Memorial Hosp.		d. STREET ADDRESS (If rural, give location) Box 37	
3. CHILD'S NAME (Type or Print) Robert Ray Smith			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 17, 1957
7. FATHER'S NAME a. (First) Bobby b. (Middle) Ray c. (Last) Smith		8. COLOR OR RACE White	
9. AGE (At time of this birth) 18 YEARS	10. BIRTHPLACE (State or foreign country) Ogden Utah	11a. USUAL OCCUPATION R.R.	11b. KIND OF BUSINESS OR INDUSTRY Union Pacific R.R.
12. MOTHER'S MAIDEN NAME a. (First) Cornellia b. (Middle) Denney c. (Last) Denney		13. COLOR OR RACE White	
14. AGE (At time of this birth) 17 YEARS	15. BIRTHPLACE (State or foreign country) Trinidad, Colo.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT x Grace Denney			
18a. LENGTH OF PREG. NANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS. Approximate date	19. Was a standard serological test for syphilis performed? Yes. X No. November 23, 1956	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Premature Separation Placenta		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE M. S. McGrath M.D.		23b. DATE SIGNED
	23c. ATTENDANT'S ADDRESS Weiser Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL F. B. Oakley
25a. BURIAL, CREMATION, REMOVAL (Specify) removal	25b. DATE 6-18-57	25c. NAME OF CEMETERY OR CREMATORY Baker, Oregon	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 6-18-57	REGISTRAR'S SIGNATURE R. A. Thompson	26. FUNERAL DIRECTOR F. B. Oakley	ADDRESS Weiser, Idaho



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
AUG 9 1957
State of Idaho

State File No. 100
Local Reg. No. 21
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 72 Rosewood	
3. CHILD'S NAME (Type or Print) John Eugene Ball			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 2, 1957
7. FATHER'S NAME a. (First) John b. (Middle) Willis c. (Last) Ball		8. COLOR OR RACE white	
9. AGE (At time of this birth) 17 YEARS	10. BIRTHPLACE (State or foreign country) Lava Hot Springs, Idaho	11a. USUAL OCCUPATION U.S. Army	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Kathryn Kearns		13. COLOR OR RACE white	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Kathryn Ball mother			
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Dec 1956	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20. FETAL CAUSES	
		20b. MATERNAL CAUSES Toxemia of Pregnancy	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:24 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Midwife	
23b. DATE SIGNED 17 July 57		23c. ATTENDANT'S ADDRESS Pocatello	
24. SIGNATURE OF AUTHORIZED OFFICIAL Geraldine Smart		24. SIGNATURE OF AUTHORIZED OFFICIAL Downard Funeral Home	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jul. 3, 1957	25c. NAME OF CEMETERY OR CREMATORY Mountainview	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. AUG 5 1957		26. FUNERAL DIRECTOR ADDRESS Downard Funeral Home Pocatello, Ida	

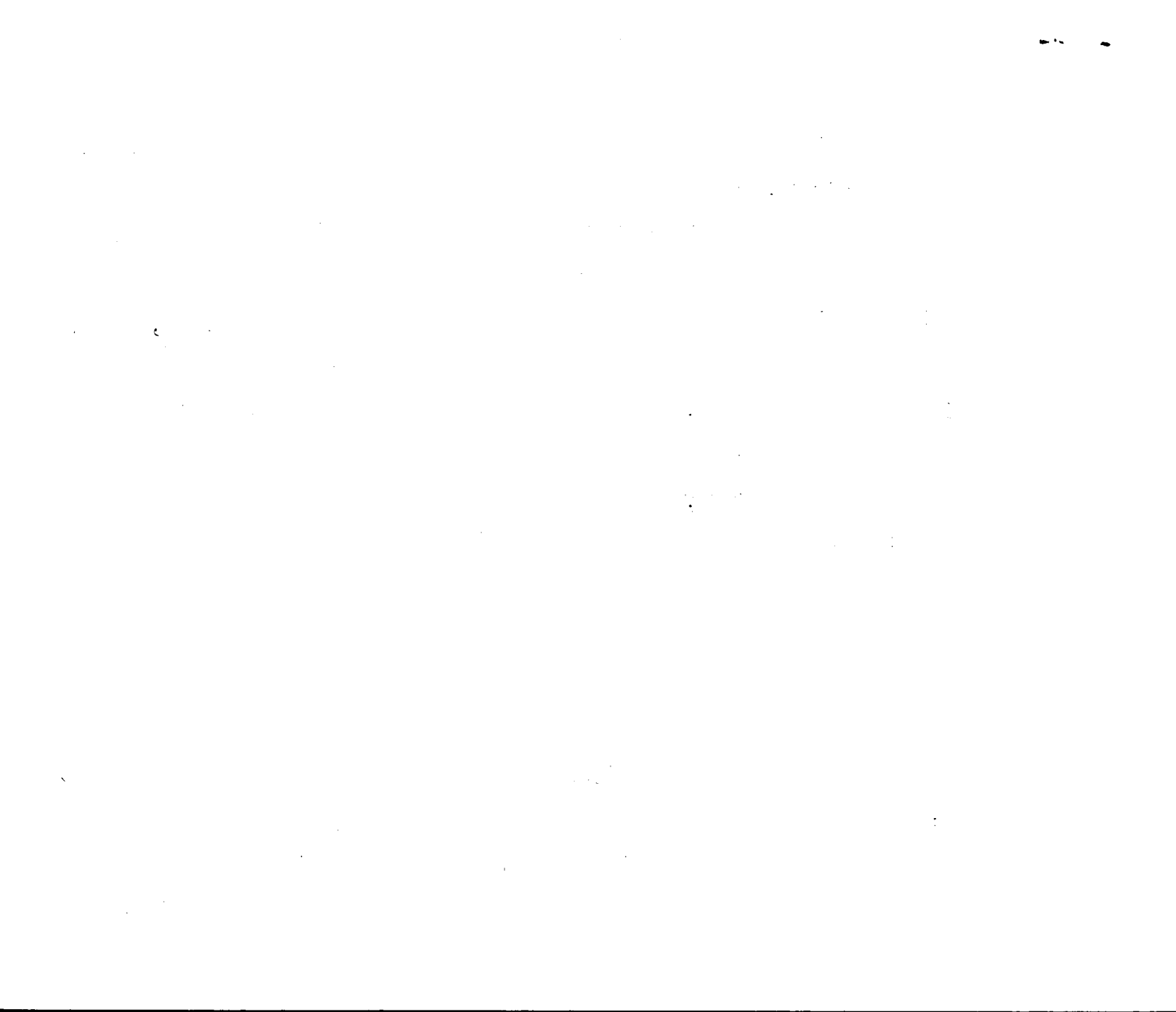


RECEIVED (Division of Standard Certificate)
CERTIFICATE OF STILLBIRTH
JUL 23 1957
State of Idaho
Division of Vital Statistics

State File No.
Local Reg. No. 20
Reg. Dist. No. 510

101

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello, Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3960 Nora</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Berg</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 10, 1957</u>
7. FATHER'S NAME a. (First) <u>George</u> b. (Middle) <u>Levi</u> c. (Last) <u>Berg</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>43</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Goodrich, North Dakoto</u>	11a. USUAL OCCUPATION <u>Miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Wells Cargo</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Laura</u> b. (Middle) c. (Last) <u>Blair</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>38</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Sterling, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Five</u> b. How many children were born alive but are now dead? <u>Two</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Laura Berg</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES <u>Premature Separation of Placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:20 p.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Calvin Buehler, M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u> If NOT attended by physician	
23b. DATE SIGNED <u>7-13-57</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Geraldine Smart</u> TITLE <u>Health Officer</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	25b. DATE <u>July 12, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Springfield Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Springfield Idaho</u>
DATE REC'D BY LOCAL REG. <u>JUL 22 1957</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smart</u>	26. FUNERAL DIRECTOR <u>Geraldine Smart</u> ADDRESS <u>Pocatello, Idaho</u>	



2999-57

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED

(1949 Revision of Standard Certificate)

JUG 1 1957 CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

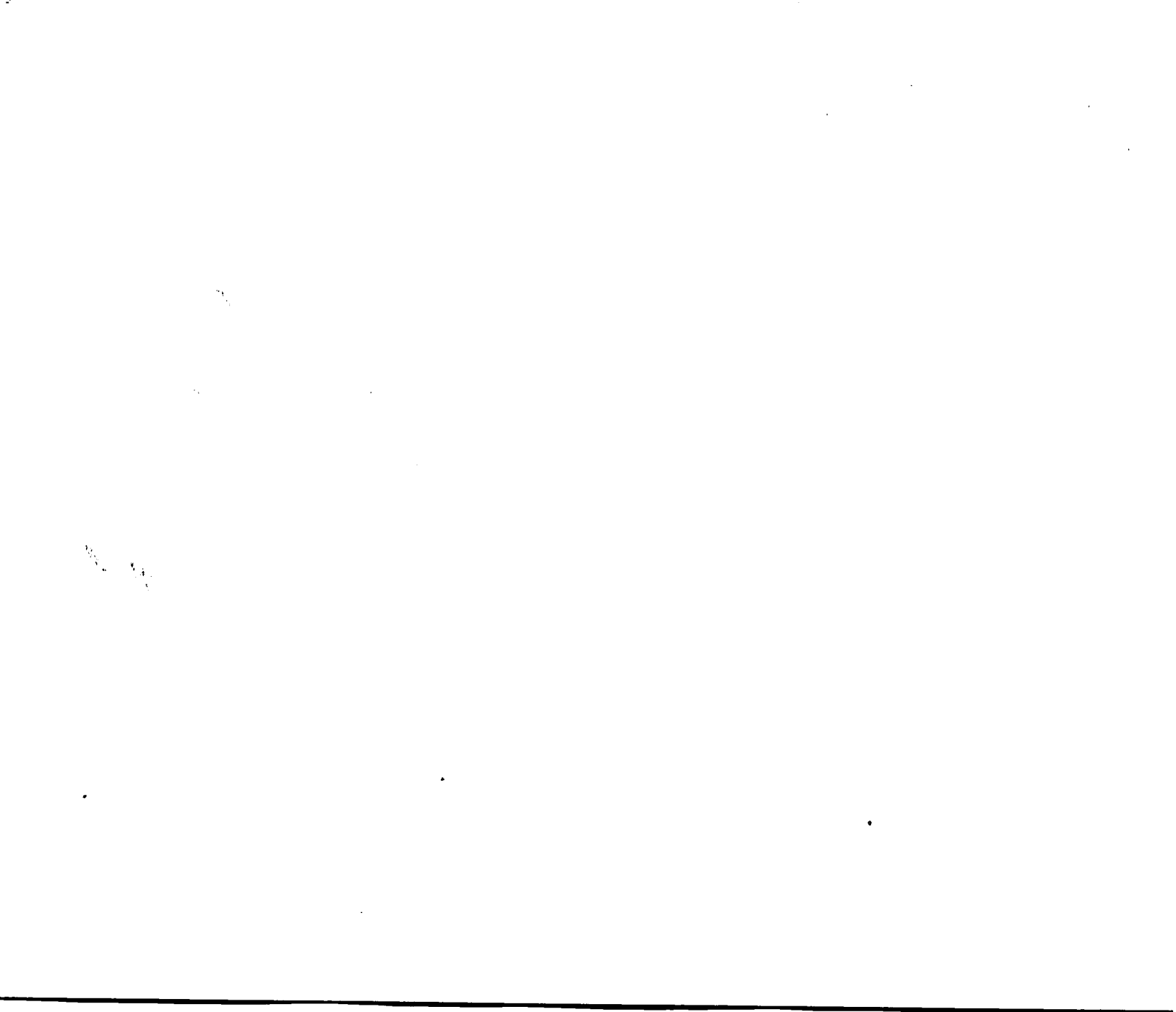
Local Reg. No.

Reg. Dist. No.

102

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY OR TOWN Blackfoot		c. CITY OR TOWN Blackfoot	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route # 3	
3. CHILD'S NAME (Type or Print) Gary Konma			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 24, 1957
7. FATHER'S NAME a. (First) Satoru b. (Middle) Konma c. (Last) Konma		8. COLOR OR RACE Japanese	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Sublett, Wyoming	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Ayako b. (Middle) Tsukamoto c. (Last) Tsukamoto		13. COLOR OR RACE Japanese	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Three b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Ayako Konma mother Three None None			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 5 1/4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Premature separation of placenta.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:25 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Walter G. Hoge M.D.	
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 27, 1957	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. July 30, 1957	REGISTRAR'S SIGNATURE Mrs. Charles E. Faturie	26. FUNERAL DIRECTOR Jack Henderson	ADDRESS Pocatello, Idaho



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 103

Local Reg. No. 125

Reg. Dist. No. 6/0

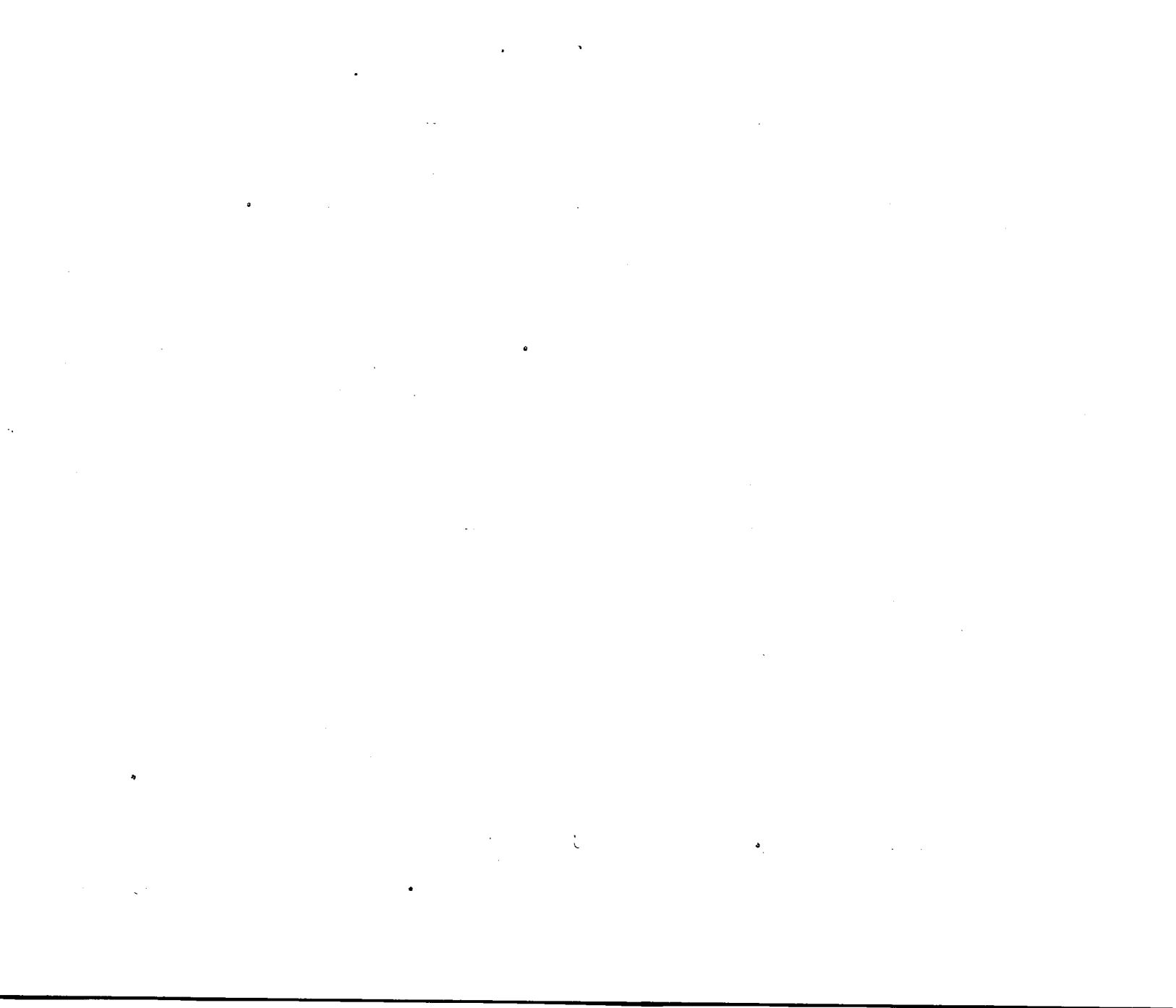
1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewisville	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location) ---	
3. CHILD'S NAME (Type or Print) BABY GIRL ELLSWORTH			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 10, 1957
7. FATHER'S NAME a. (First) Oscar b. (Middle) Ellsworth c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Lewisville, Idaho	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Gwen b. (Middle) Goody c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Rigby, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Oscar Ellsworth			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Intra-uterine pneumonia	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) B. D. Smith	
		23b. DATE SIGNED 7-19-57	
23c. ATTENDANT'S ADDRESS 2222 2nd St, Rigby		24. SIGNATURE OF AUTHORIZED OFFICIAL Bruce A. Eberell	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE July 11, 1957	
25c. NAME OF CEMETERY OR CREMATORY Lewisville		25d. LOCATION (City, town, or county) (State) Lewisville Jefferson Idaho	
DATE REC'D BY LOCAL REG. July 22, 1957		26. FUNERAL DIRECTOR ADDRESS Bruce A. Eberell Rigby, Idaho.	

JUN 18 1965

(1919 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
AUG 9 1957 **State of Idaho**

State File No. 104
Local Reg. No. 137
Reg. Dist. No. 670

1. PLACE OF STILLBIRTH a. COUNTY Benneville b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Benneville c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls d. STREET ADDRESS (If rural, give location) 347 Cliff St.	
3. CHILD'S NAME ((Type or Print)) <p style="text-align: center;">Baby Girl Lowe</p>			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 26 1957
7. FATHER'S NAME a. (First) Daniel b. (Middle) W. c. (Last) Lowe		8. COLOR OR RACE White	
9. AGE (At time of this birth) 49 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Day Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Lovada b. (Middle) c. (Last) Butte		13. COLOR OR RACE White	
14. AGE (At time of this birth) 44 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 12 b. How many children were born alive but are now dead? 4 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <p style="text-align: center;"><i>Dan W Lowe</i></p>			
18a. LENGTH OF PREGNANCY 26 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <p style="text-align: center;"><i>Prematurity</i></p>	
		20b. MATERNAL CAUSES <p style="text-align: center;"><i>None</i></p>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <p style="text-align: center;"><i>Premature labor - Breech presentation - Episiotomy - Breech delivery</i></p>		22. STATE ALL OPERATIONS FOR DELIVERY <p style="text-align: center;"><i>Episiotomy - Breech delivery</i></p>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <p style="text-align: center;"><i>L. J. Bringham M.D.</i></p>	23b. DATE SIGNED 7-31-57
		23c. ATTENDANT'S ADDRESS <p style="text-align: center;"><i>Idaho Falls, Idaho</i></p>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <p style="text-align: center;"><i>Ralph M. Wood</i> Ralph M. Wood Idaho Falls, Idaho</p>
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7/29/57	25c. NAME OF CEMETERY OR CREMATORY Grant Cemetery	25d. LOCATION (City, town, or county) (State) Jefferson Idaho
DATE REC'D BY LOCAL REG. Aug 1-1957	REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>Anna Budger</i></p>	26. FUNERAL DIRECTOR'S ADDRESS <p style="text-align: center;"><i>Ralph M. Wood</i> Ralph M. Wood Idaho Falls, Idaho</p>	



RECEIVED

AUG 19 1957

Division of Vital Statistics

Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

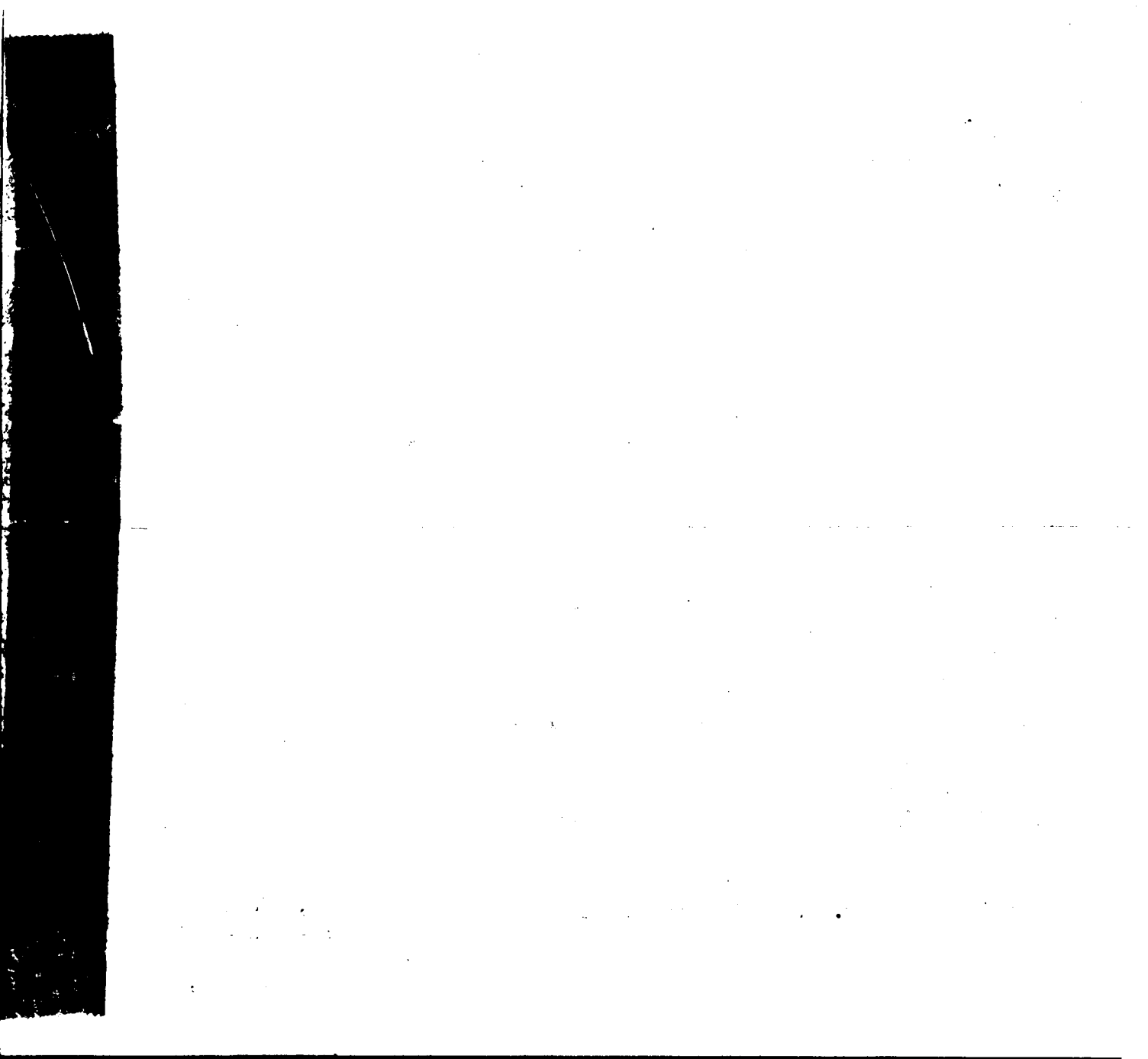
Reg. Dist. No.

105

27

360

1. PLACE OF STILLBIRTH a. COUNTY <i>Canyon</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Canyon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Caldwell</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Caldwell</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Caldwell Memorial Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1420 S. Kimball</i>	
3. CHILD'S NAME (Type or Print) <i>Mark Southwick</i>			
4. SEX <i>male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) <i>7 30</i>
7. FATHER'S NAME a. (First) <i>Donald</i> b. (Middle) <i>Lynn</i> c. (Last) <i>Southwick</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>25</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Ogden, Utah</i>	11a. USUAL OCCUPATION <i>Publishing</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Custom Print</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Mildred</i> b. (Middle) <i>L.</i> c. (Last) <i>South</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>29</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Nebraska</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include those born dead after pregnancy?) a. How many children are now living? <i>1</i> b. How many children were born alive but are now dead? <i>0</i> c. How many children were born dead after pregnancy? <i>0</i>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>abruptio placenta</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>abruptio placenta</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Cesarean section</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>m.</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>D. E. Reynolds MD</i>	
23b. DATE SIGNED <i>Aug 9</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>Aug. 2, 1957</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Canyon Hill</i>	25d. LOCATION (City, town, or county) <i>Caldwell, Idaho</i>
DATE REC'D BY LOCAL REG. <i>8-15-57</i>	REGISTRAR'S SIGNATURE <i>Agnes Mallemman</i>	26. FUNERAL DIRECTOR <i>Peckham-Dakar Davis Chapel</i> <i>Merville D. Davis</i> <i>Caldwell, Idaho</i>	



RECEIVED

(1949 Revision of Standard Certificate)

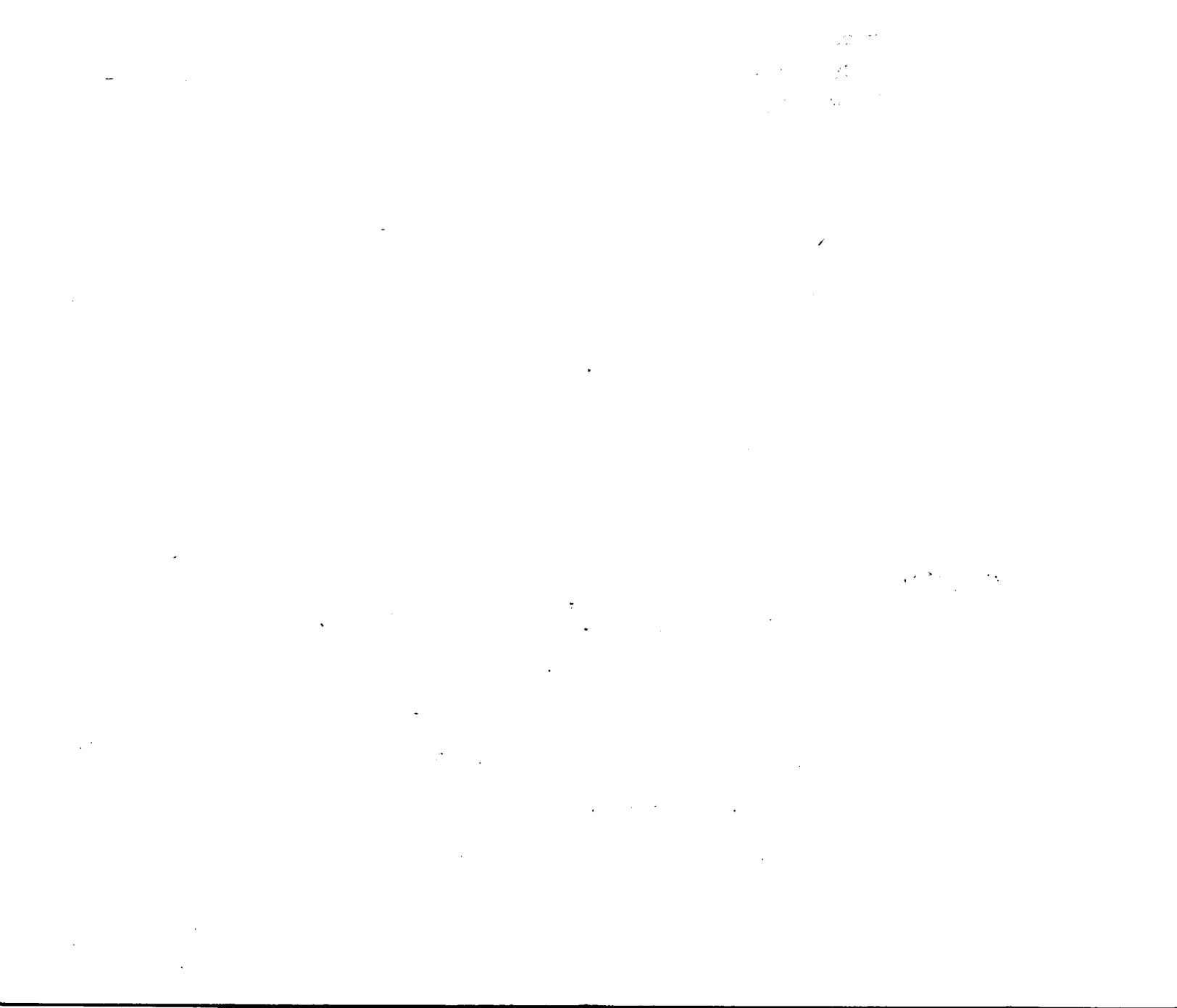
JUL 12 1957 **CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 106
Local Reg. No. 24
Reg. Dist. No. 380-391

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Elmore		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Oklahoma b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meeker,	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Elmore Memorial Hospital		d. STREET ADDRESS (If rural, give location) Rural - Rt. #1	
3. CHILD'S NAME (Type or Print) (baby girl) Lowe			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 6, 1957
7. FATHER'S NAME a. (First) JOSEPH b. (Middle) H. c. (Last) LOWE		8. COLOR OR RACE WH	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME MARJORIE		13. COLOR OR RACE WH	
14. AGE (At time of this birth) YEARS		15. BIRTHPLACE (State or foreign country)	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <i>Joseph H. Lowe</i>			
18a. LENGTH OF PREG- NANCY Approx. 20 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prematurity (\pm 5 mo.)	
		20b. MATERNAL CAUSES Induced abortion	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Thomas J. Anderson M.D.</i>	
23b. DATE SIGNED July 8, '57		23c. ATTENDANT'S ADDRESS 14th House, Ida Ho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>Arthur Smith</i>		23e. TITLE Registrar	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 9, 1957	24c. NAME OF CEMETERY OR CREMATORY Mountain View Cem.	24d. LOCATION (City, town, or county) (State) Mountain Home, Idaho
DATE REC'D BY LOCAL REG. July 10 1957	REGISTRAR'S SIGNATURE <i>C. Anderson</i>	25. FUNERAL DIRECTOR <i>Arthur Smith</i>	ADDRESS Bey Mortuary, Inc Mtn. Home, Ida.



RECEIVED

Revision of Standard Certificate)

AUG 6 1957

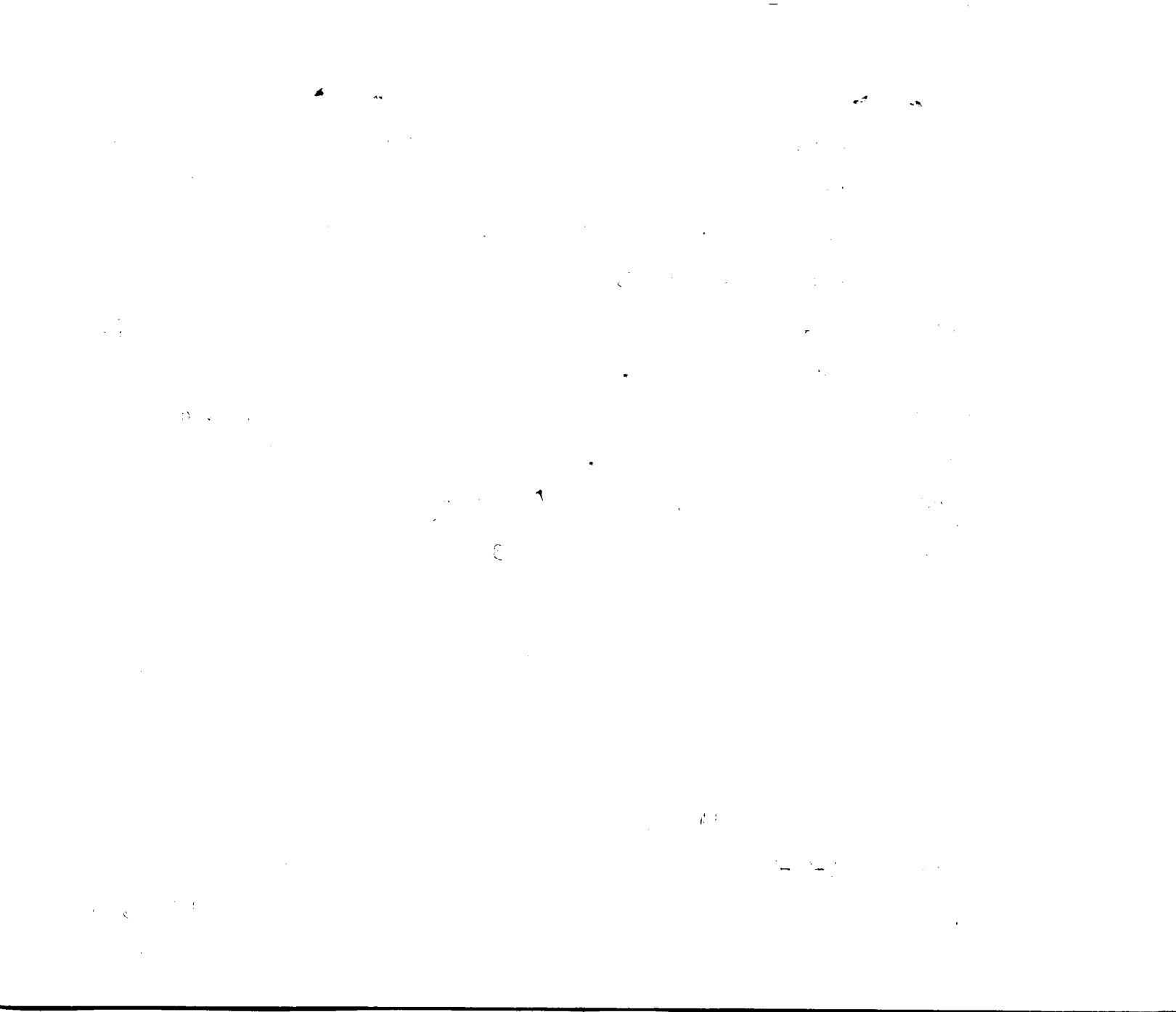
State of Idaho

State File No. 107

Local Reg. No. 5

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Worley	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital		d. STREET ADDRESS (If rural, give location) Box 138	
3. CHILD'S NAME (Type or Print) - Baby Girl Mitchell, DAWN GAYLE			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 26 1957
7. FATHER'S NAME a. (First) Virgel b. (Middle) P. c. (Last) Mitchell		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Washington	11a. USUAL OCCUPATION Service Station Lessee	11b. KIND OF BUSINESS OR INDUSTRY Service Station
12. MOTHER'S MAIDEN NAME a. (First) Julia b. (Middle) A. c. (Last) Rouse		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Virgel P Mitchell			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythroblastosis fetalis -	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) DM Campbell MD	
23b. DATE SIGNED 7-31-57		23c. ATTENDANT'S ADDRESS Coeur d'Alene, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Don English		TITLE Coeur d'Alene, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7-29-1957	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho
DATE REC'D BY LOCAL REG. Aug. 2, 1957	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. FUNERAL DIRECTOR ADDRESS Don English Coeur d'Alene, Idaho	



RECEIVED

Revision of Standard Certificate)

JUL 26 1957

CERTIFICATE OF STILLBIRTH

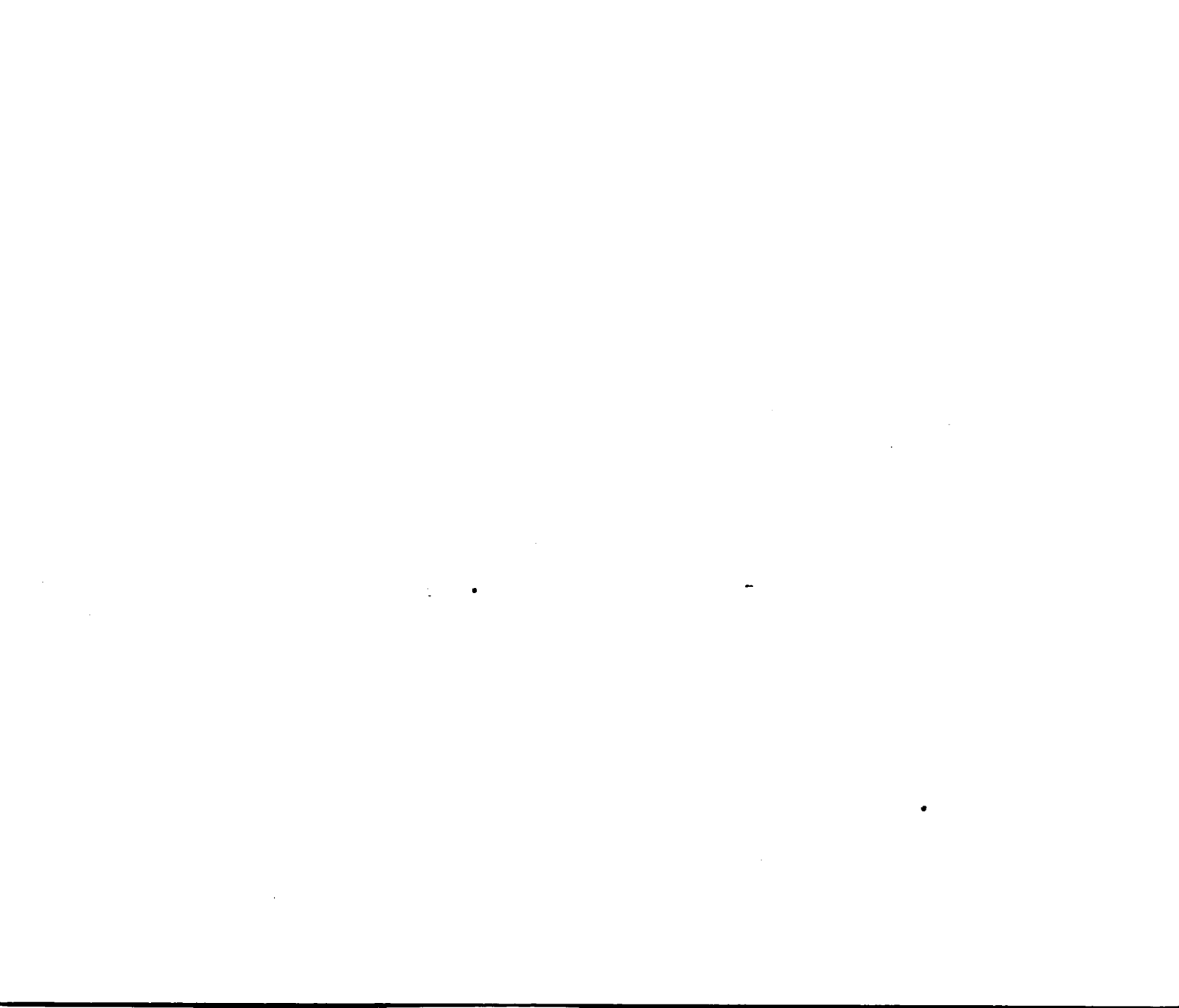
State of Idaho

State File No. 108

Local Reg. No. 28

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY Latah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Washington b. COUNTY Whitman	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hay	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gritman Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Girl Curtis			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 8, 1957
7. FATHER'S NAME a. (First) Charles		b. (Middle) Curtis c. (Last)	
8. COLOR OR RACE White			
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Hay, Washington	11a. USUAL OCCUPATION Unknown	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Patrica		b. (Middle) Troy c. (Last)	
13. COLOR OR RACE White			
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Moscow, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Charles Curtis			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Dec. 31, 1956	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES acephalus monster	
		20b. MATERNAL CAUSES None Known	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Polyhydramnios		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5 a. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) B. J. Klaaren MD	
23b. DATE SIGNED 7-17-57		23c. ATTENDANT'S ADDRESS Moscow, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Ronald Ward		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 10, 1957	25c. NAME OF CEMETERY OR CREMATORY Freeze Cemetery	25d. LOCATION (City, town, or county) (State) Latah Idaho
DATE REC'D BY LOCAL REG. 7/20/57	REGISTRAR'S SIGNATURE Leis E. Skarq	26. FUNERAL DIRECTOR ADDRESS Moscow, Idaho	



RECEIVED (Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
JUL 22 1957
State of Idaho

State File No.
Local Reg. No. **67d109**
Reg. Dist. No.

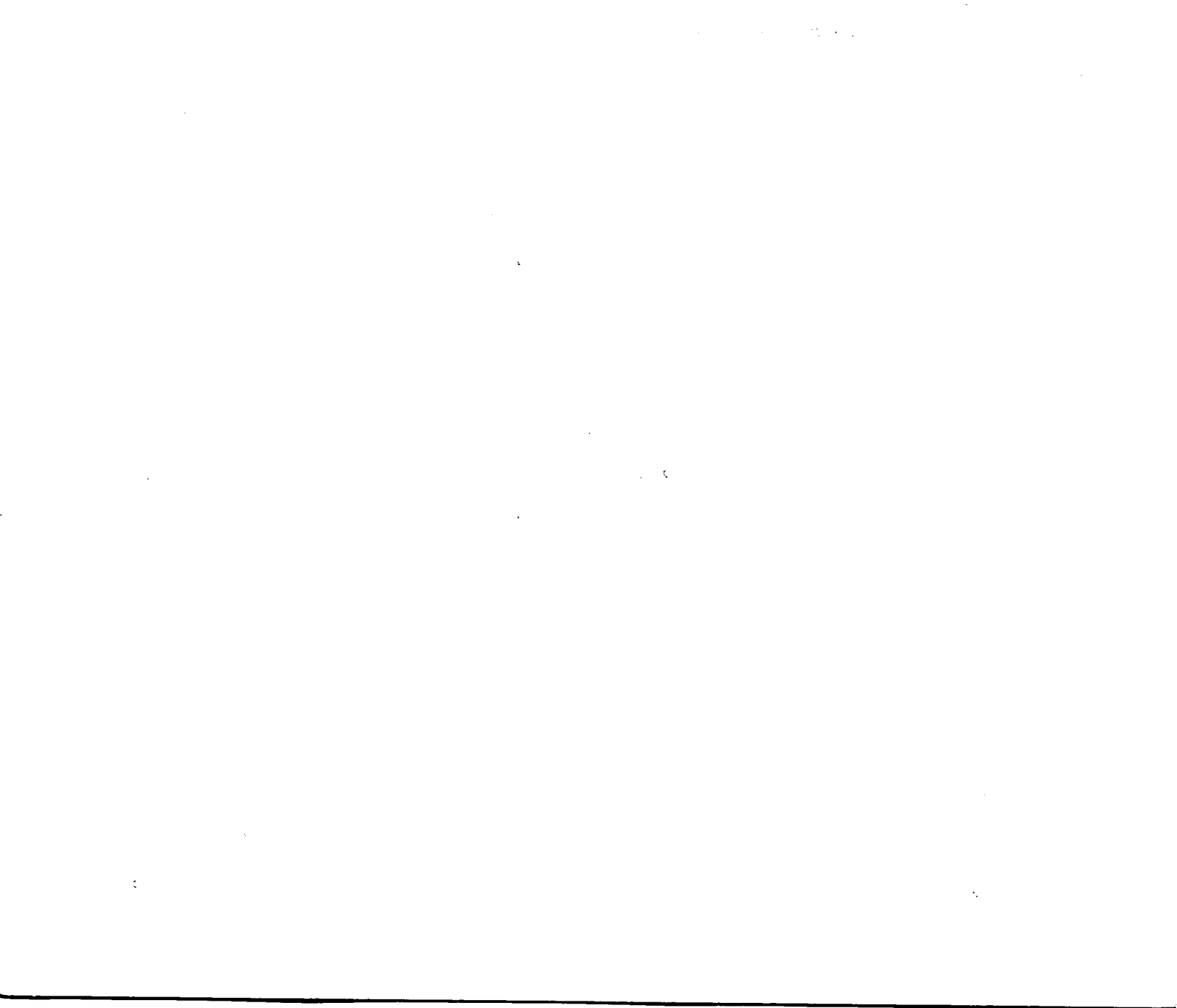
1. PLACE OF STILLBIRTH a. COUNTY Lemhi		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Lemhi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salmon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cobalt	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Steele Memorial		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Amy			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 15, 1957
7. FATHER'S NAME a. (First) Alan b. (Middle) Jess c. (Last) Amy		8. COLOR OR RACE White	
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Arco, Idaho	11a. USUAL OCCUPATION Miner	11b. KIND OF BUSINESS OR INDUSTRY Calera Mine, Cobalt
12. MOTHER'S MAIDEN NAME a. (First) Afton b. (Middle) Burton c. (Last) Burton		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Arco, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? one b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Alan J. Amy			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Prematurity -		
	20b. MATERNAL CAUSES Premature labor, Rupture memb.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Frequent bleeding & cramps		22. STATE ALL OPERATIONS FOR DELIVERY Spont.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE W. L. Blachadar, M.D.	23b. DATE SIGNED 7-15-57
23c. ATTENDANT'S ADDRESS Salmon, Ida		24. SIGNATURE OF AUTHORIZED OFFICIAL Delbert Jones	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7-15-57	25c. NAME OF CEMETERY OR CREMATORY Salmon	25d. LOCATION (City, town, or county) (State) Salmon, Idaho
DATE REC'D BY LOCAL REG. 7-17-57	REGISTRAR'S SIGNATURE Viola E. Johnson	26. FUNERAL DIRECTOR Delbert Jones ADDRESS Salmon, Idaho	

RECEIVED

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
JUL 19 1957 State of Idaho

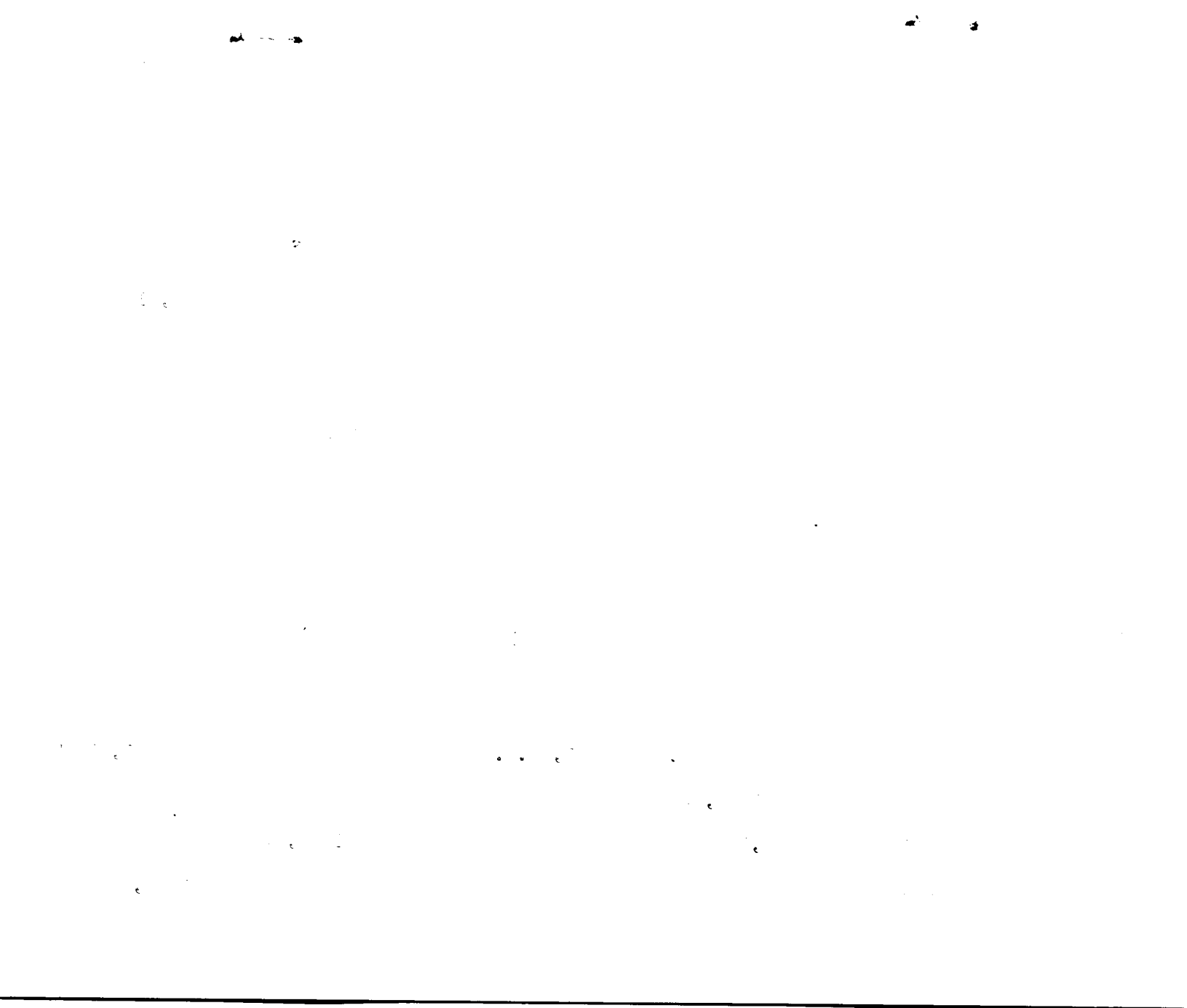
State File No. 33110
Local Reg. No. 630
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Madison Memorial		d. STREET ADDRESS (If rural, give location) 110 West 1st North	
3. CHILD'S NAME (Type or Print) Susan Smith			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 15 1957
7. FATHER'S NAME a. (First) Jack b. (Middle) Lynn c. (Last) Smith		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Ucon, Idaho	11a. USUAL OCCUPATION Telegrapher	11b. KIND OF BUSINESS OR INDUSTRY Railroad
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Lyman c. (Last) Lyman		13. COLOR OR RACE White	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Oak City, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Jack L. Smith			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Construction of umbilical cord (intra uterine) with rupture of		20a. FETAL CAUSES umbilical artery	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:30 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Deborah Jones M.D.	
23b. DATE SIGNED 7-17-57		23c. ATTENDANT'S ADDRESS Rexburg Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Deborah Jones		TITLE Physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7/16/57	25c. NAME OF CEMETERY OR CREMATORY Rexburg	25d. LOCATION (City, town, or county) (State) Rexburg, Idaho
DATE REC'D BY LOCAL REG 7-16-57	REGISTRAR'S SIGNATURE Deborah Jones	26. FUNERAL DIRECTOR Deborah Jones	ADDRESS Rexburg, Idaho



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of IdahoState File No. 111
Local Reg. No. 88
Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY SHOSHONE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY SHOSHONE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KELLOGG		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SMELTERVILLE	
c. FULL NAME OF HOSPITAL OR INSTITUTION WARDNER HOSPITAL		d. STREET ADDRESS (If rural, give location) BOX 83 Pinehurst, Idaho	
3. CHILD'S NAME (Type or Print) BABY BOY GARNER			
4. SEX MALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 8, 1957
7. FATHER'S NAME Fred	a. (First)	b. (Middle)	c. (Last) Garner
8. COLOR OR RACE White			
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Anna	a. (First)	b. (Middle)	c. (Last) Kenig
13. COLOR OR RACE White			
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) South Dakota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Fred Garner			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Miscarriage at 5 months gestation	
		20b. MATERNAL CAUSES (not a viable premature birth)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Robert W. Cordwell, M.D.	
		23b. DATE SIGNED June 11, 1957	
23c. ATTENDANT'S ADDRESS Kellogg, Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Kellogg, Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 11, 1957	25c. NAME OF CEMETERY OR CREMATORY Greenwood	25d. LOCATION (City, town, or county) (State) Kellogg, Idaho
DATE REC'D BY LOCAL REG. 8-6-57	REGISTRAR'S SIGNATURE Joe Irvine	26. FUNERAL DIRECTOR ADDRESS Grant McGlade Kellogg, Idaho	



RECEIVED

AUG 12 1957

Certificate of Death

STATE OF IDAHO

State File No.

Local Reg. No. 88Reg. Dist. No. 142

BIRTH NO.

Division of Vital Statistics

1. PLACE OF DEATH

a. COUNTY

Shoshone

b. CITY (If outside corporate limits, write RURAL and give township)

Kellogg

c. LENGTH OF STAY (in this place)

1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION

Wardner Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Idaho

b. COUNTY

Shoshone

c. CITY (If outside corporate limits, write RURAL and give township)

OR TOWN

Smelterville

d. STREET ADDRESS

(If rural, give location)

Box 83 Pinehurst, Idaho

3. NAME OF DECEASED

(Type or Print)

a. (First)

Baby Boy

b. (Middle)

Garner

c. (Last)

4. DATE OF DEATH

(Month) (Day) (Year)

June 8 1957

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 8 1957

9. AGE (In years last birthday)

0

IF UNDER 1 YEAR

Months

Days

0

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Kellogg Idaho

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Fred Garner

BIRTHPLACE

Idaho

14. MOTHER'S MAIDEN NAME

Anna Kenig

BIRTHPLACE

South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S OWN SIGNATURE

ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

This was a miscarriage

5 months gestation (not a viable premature birth) on 8 June 1957.

INTERVAL BETWEEN ONSET AND DEATH

at

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 8 June 1957, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

- (a) knowingly supply false information to any one connected with completing a death certificate;
- (b) neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
- (c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
- (d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Grant M. Glade Lic. No. C255 at Kellogg on June 8/57
ADDITIONAL REMARKS by Physician: _____

RECEIVED

1949 Revision of Standard Certificate)

JUL 31 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

112

Local Reg. No.

Reg. Dist. No.

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kello99</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kello99</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wardner Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>731 McKinley Avenue</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Lindsey</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 6 1957</u>
7. FATHER'S NAME a. (First) <u>Cecil</u> b. (Middle) <u>C</u> c. (Last) <u>Lindsey</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>38</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Missouri</u>	11a. USUAL OCCUPATION <u>Security Officer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Florence</u> b. (Middle) <u>Wadkins</u> c. (Last) <u>Wadkins</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Cecil Lindsey Kello99</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>undetermined</u>	
		20b. MATERNAL CAUSES <u>undetermined</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4135 P</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Alan M. Whitel</u> M.D.	
23b. DATE SIGNED <u>13 July 57</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Grant M. Glade Kello99</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial July 8/57 Greenwood Kello99 Idaho</u>		25b. DATE <u>July 8/57</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Kello99</u>		25d. LOCATION (City, town, or county) (State) <u>Idaho</u>	
DATE REC'D BY LOCAL REG. <u>7/25/57</u>		26. FUNERAL DIRECTOR <u>Grant M. Glade Kello99</u>	

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

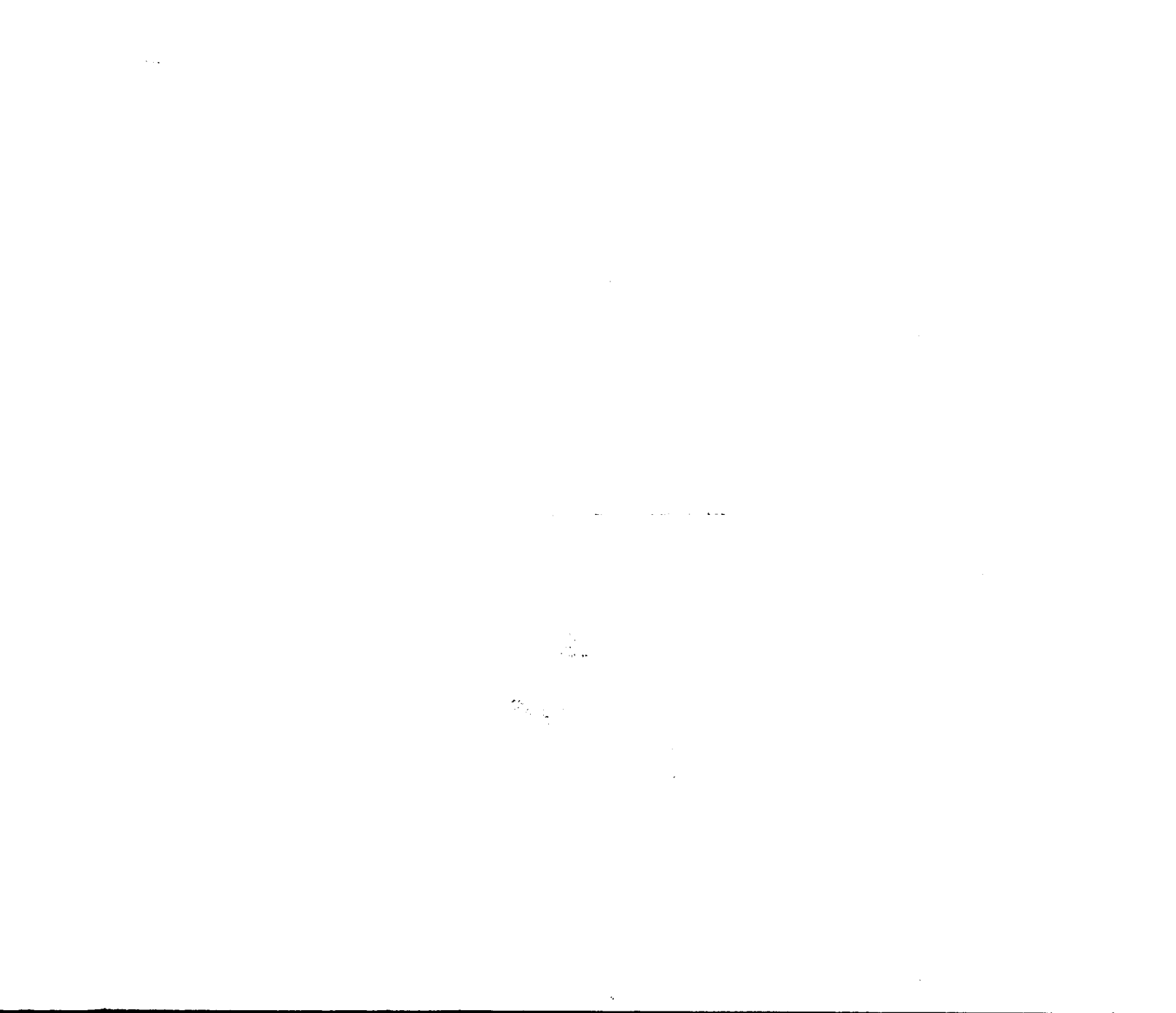
State of Idaho

State File No. 113

Local Reg. No. 87

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wallace</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kingston</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Kingston, Idaho</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy McGilivray</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 24 1957</u>
7. FATHER'S NAME a. (First) <u>Duncan</u> b. (Middle) <u>A.</u> c. (Last) <u>McGilivray</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Kellogg, Idaho</u>	11a. USUAL OCCUPATION <u>Lumber</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Madelyn</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Wilson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Harrison, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Duncan McGilivray</u>			
18a. LENGTH OF PREGNANCY <u>6 mos</u>	18b. WEIGHT AT BIRTH LBS. <u>6</u> OZS. <u>11</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>1/17/57</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>encephalus</u> 20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above, at <u>430 A.M.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>J. Edwards M.D.</u> 23b. DATE SIGNED <u>7/29/57</u>	
23c. ATTENDANT'S ADDRESS <u>Wallace</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>James M. Gladys</u> TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>July 25 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Kellogg Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-30-57</u>		26. FUNERAL DIRECTOR <u>James M. Gladys</u> ADDRESS <u>Kellogg, Idaho</u>	



RECEIVED

(1949 Revision of Standard Certificate)

JUL 23 1957

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 114

Local Reg. No. 19

Reg. Dist. No. 818

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY VALLEY		a. STATE IDAHO	b. COUNTY VALLEY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CASCAD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CASCAD	
c. FULL NAME OF HOSPITAL OR INSTITUTION VALLEY CO. HOSP.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) VAF BOY GONZALES			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 16 57
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Delfe	b. (Middle) Julian	c. (Last) GONZALES	WHITE
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Caguach, P.R.	11a. USUAL OCCUPATION Sawmill employee	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Lris	b. (Middle) Lee	c. (Last) McGinness	WHITE
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Cinch Port, Va.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT Mrs. Lee McGinness		a. How many children are now living? NONE	b. How many children were born alive but are now dead? NONE
18a. LENGTH OF PREGNANCY 20 WEEKS		18b. WEIGHT AT BIRTH 1 LBS. 6 OZS.	
19. Was a standard serological test for syphilis performed? Yes..... No... <input checked="" type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES NONE	
		20b. MATERNAL CAUSES PREMATURE LABOR	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR NONE		22. STATE ALL OPERATIONS FOR DELIVERY NONE	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:05 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John F. Moser M.D.	
23b. DATE SIGNED 7/16/57		23c. ATTENDANT'S ADDRESS CASCAD, IDA	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Jack Bailey		23e. TITLE Cascad, Ida	
25a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	25b. DATE 7-16-57	25c. NAME OF CEMETERY OR CREMATORY Valley county Hosp.	25d. LOCATION (City, town, or county) (State) CASCAD IDAHO
DATE REC'D BY LOCAL July 19-1957	REGISTER'S SIGNATURE Myrtle M. Gardner	26. FUNERAL DIRECTOR Jack Bailey	ADDRESS Cascad, Ida

RECEIVED STATE OF IDAHO DIVISION OF VITAL STATISTICS

AUG 16 1957

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser	
c. FULL NAME OF HOSPITAL OR INSTITUTION Weiser Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 905 E. Park	
3. CHILD'S NAME (Type or Print) INFANT BOY JACKSON			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 23, 1957
7. FATHER'S NAME a. (First) Francis b. (Middle) N. c. (Last) Jackson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 49 YEARS	10. BIRTHPLACE (State or foreign country) Ontario, Oregon	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Lucille b. (Middle) D. c. (Last) Mackey		13. COLOR OR RACE White	
14. AGE (At time of this birth) 35 YEARS	15. BIRTHPLACE (State or foreign country) Calif.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>[Signature]</i>			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April 4th 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES		
	20b. MATERNAL CAUSES <i>Premature Separation Placenta</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE <i>[Signature]</i> (Specify if M.D., midwife, or other)	
23b. DATE SIGNED		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE 7-24-57	25c. NAME OF CEMETERY OR CREMATORY Hillcrest	25d. LOCATION (City, town, or county) (State) Weiser, Idaho
DATE REC'D BY LOCAL REG. 7-24-57	REGISTER'S SIGNATURE <i>[Signature]</i>	26. FUNERAL DIRECTOR <i>[Signature]</i>	ADDRESS Weiser, Idaho

34281

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

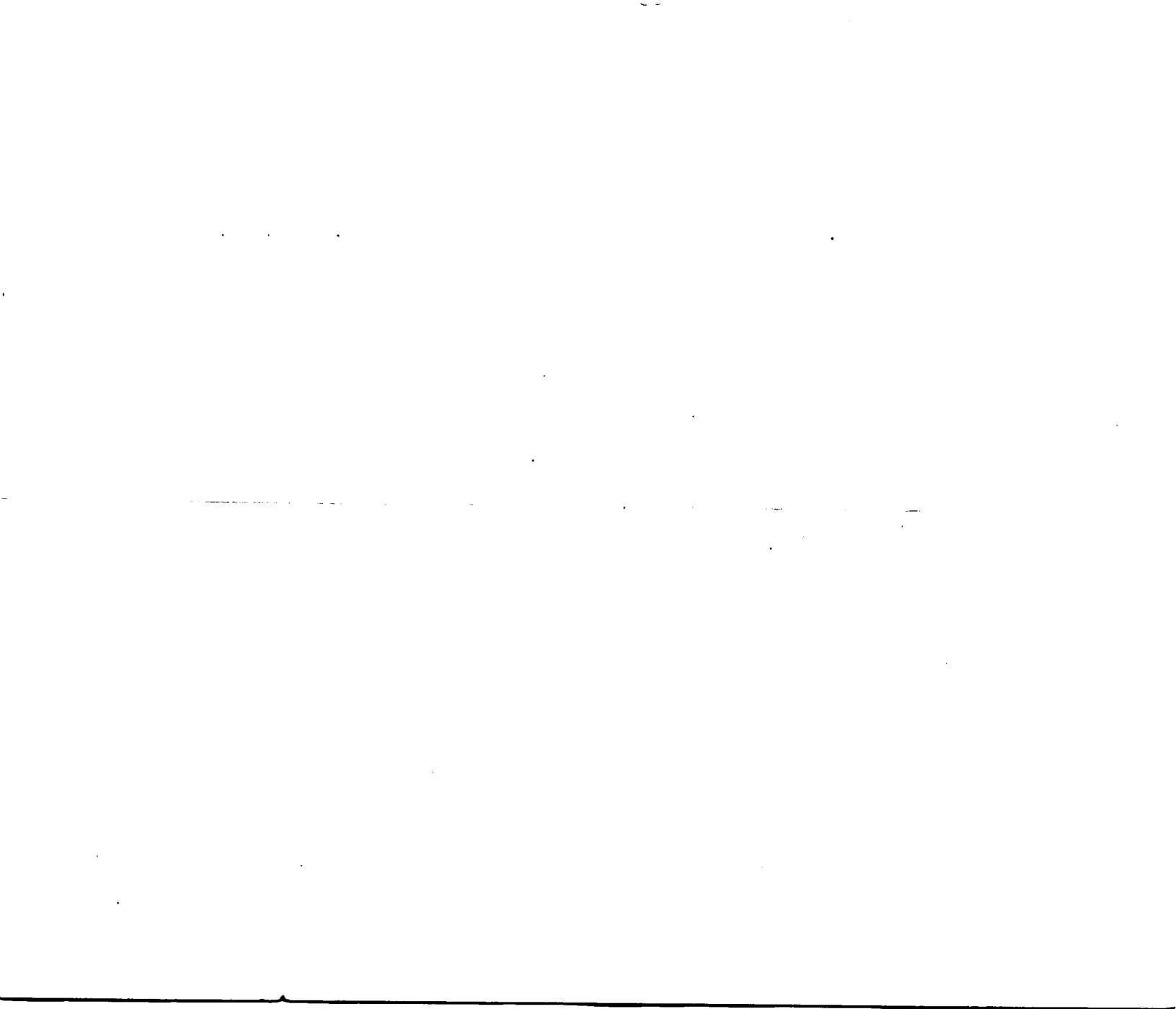
(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State File No. **116**
Local Reg. No. **227**
Reg. Dist. No. **270**

RECEIVED State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Ada UG 21 1957		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR Boise TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Boise TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus		d. STREET ADDRESS (If rural, give location) 1818 N. 12th. S.	
3. CHILD'S NAME (Type or Print) Infant Girl Breier			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 22, 1957
7. FATHER'S NAME a. (First) Ervin b. (Middle) E. c. (Last) Breier		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Greenleaf, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Boise City
12. MOTHER'S MAIDEN NAME a. (First) Gertrude b. (Middle) C. c. (Last) Cleveland		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Rochester, N. Y.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Ervin E. Breier			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Unknown 20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Low forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE [Signature]		23b. DATE SIGNED 8-23-57
	23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug. 24, 1957	25c. NAME OF CEMETERY OR CREMATORY Star	25d. LOCATION (City, town, or county) (State) Star, Idaho
DATE REC'D BY LOCAL REG. 8-28-57	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR A. E. Alden ADDRESS Boise, Idaho McBratney-Alden Chapel	



RECEIVED

(Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

SEP 17 1957

State of Idaho

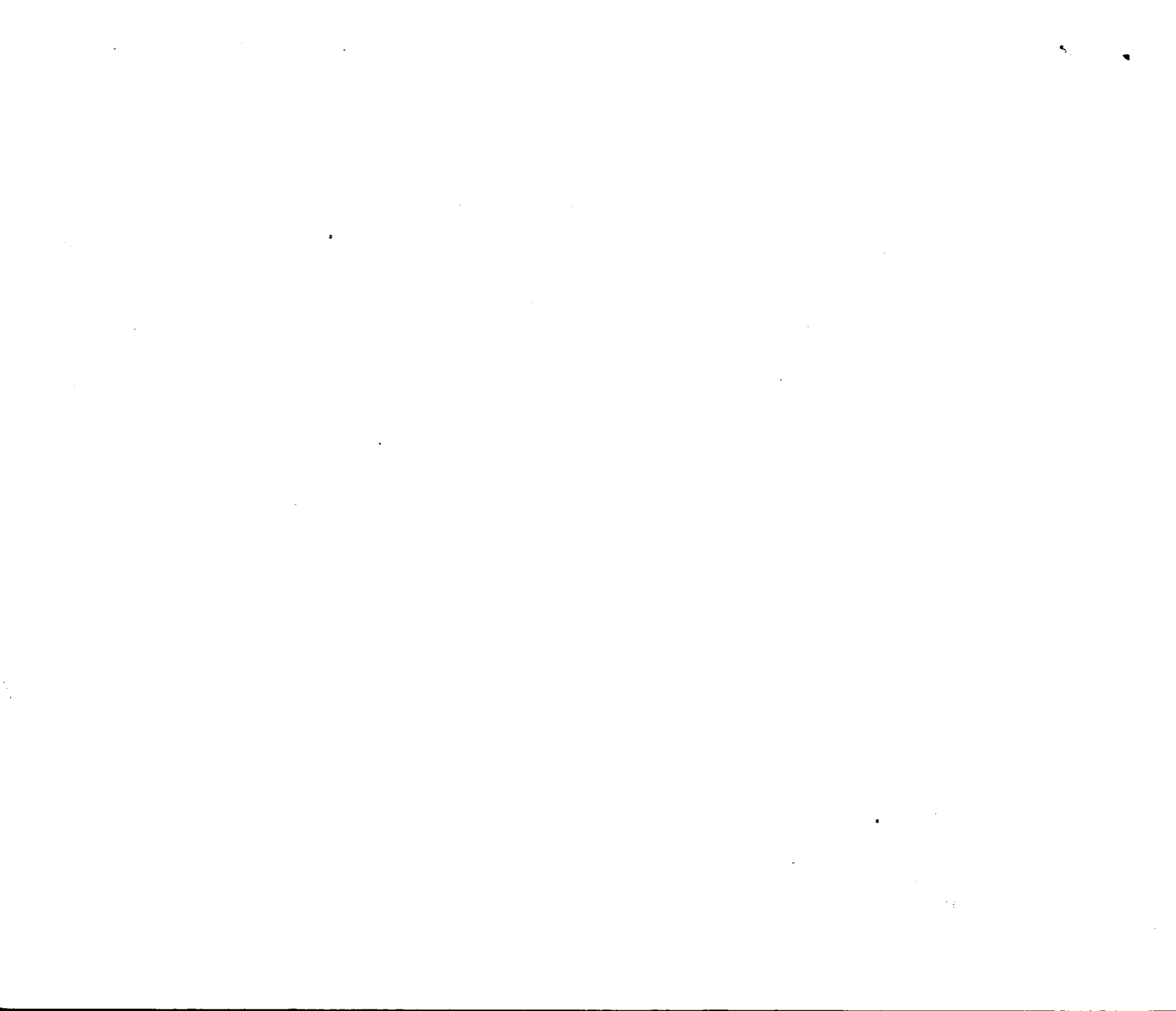
State File No.

117

Local Reg. No. 22

Reg. Dist. No. 31.0

1. PLACE OF STILLBIRTH (Division of Vital Statistics)			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Bannock			a. STATE Idaho		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello			b. COUNTY Bannock		
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		
			d. STREET ADDRESS (If rural, give location) 738 No. Main		
3. CHILD'S NAME (Type or Print) INFANT BOY EVANS					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 28, 1957		
7. FATHER'S NAME a. (First)		b. (Middle)	c. (Last)	8. COLOR OR RACE Unknown White	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME Mildred		b. (Middle)	c. (Last)	13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Malad, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None			
17. INFORMANT Mildred Evans					
18a. LENGTH OF PREG. NANCY 20 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Stillborn			
		20b. MATERNAL CAUSES Pneumonic rupture of membranes			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None			22. STATE ALL OPERATIONS FOR DELIVERY None		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:45 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) A. J. Shippey M.D.		23b. DATE SIGNED 9-11-57	
23c. ATTENDANT'S ADDRESS 1448 E. Center St.		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 8-29-57	25c. NAME OF CEMETERY OR CREMATORY Bannock Memorial Hosp.		25d. LOCATION (City, town, or county) (State) Pocatello Idaho	
DATE REC'D BY LOCAL REG. SEP 16 1957	REGISTER'S SIGNATURE Geraldine Smart		26. FUNERAL DIRECTOR Paul R. Hoff		



RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

SEP 17 1957

State of Idaho

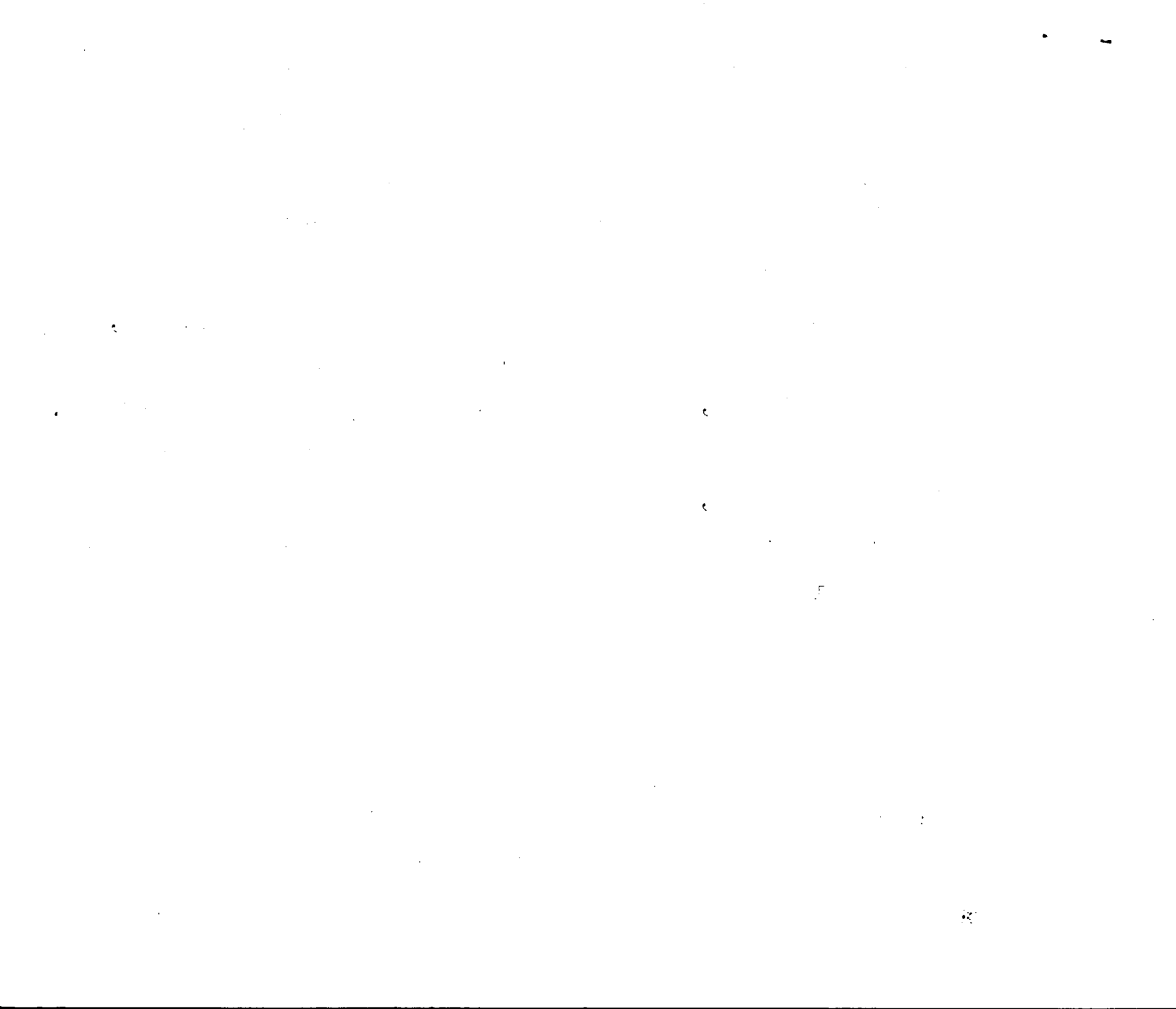
State File No.

118

Local Reg. No. 23

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 516 Riverside Drive	
3. CHILD'S NAME (Type or Print) PAULINE DEANN LARSEN			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 31, 1957
7. FATHER'S NAME a. (First) Dorian b. (Middle) Andrew c. (Last) Larsen		8. COLOR OR RACE white	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Preston, Idaho	11a. USUAL OCCUPATION Apprentice sausage maker	11b. KIND OF BUSINESS OR INDUSTRY Zweigart Packing Co.
12. MOTHER'S MAIDEN NAME a. (First) Sherry b. (Middle) Ann c. (Last) Quinn		13. COLOR OR RACE white	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Downey, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Three b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Sherry Ann Larsen			
18a. LENGTH OF PREG-NANCY 22+ WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Stillborn - death - cause undetermined</i>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:48pm m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>D. J. High, M.D.</i>	
23b. DATE SIGNED 9-11-57		23c. ATTENDANT'S ADDRESS <i>1448 E. Center St.</i>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Geraldine Smart</i>		TITLE <i>Health Officer</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE SEP 16 1957	25c. NAME OF CEMETERY OR CREMATORY Bannock Memorial Hosp.	25d. LOCATION (City, town, or county) (State) Pocatello, Idaho
26. FUNERAL DIRECTOR <i>Geraldine Smart</i>		ADDRESS	



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

119

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY <u>3. Division of Vital Statistics</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Benzel</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>North Park, Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>North Park, Idaho</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Benjamin K. Thompson - 1644 Jefferson</u>		d. STREET ADDRESS (If rural, give location) <u>1644 Jefferson</u>	
3. CHILD'S NAME (Type or Print) <u>Baby still - La Rocco</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug 27, 1957</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>E</u> c. (Last) <u>La Rocco</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>36 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>England - Idaho</u>	11a. USUAL OCCUPATION <u>Millwright</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lula</u> b. (Middle) <u></u> c. (Last) <u>La Rocco</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>27 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u></u>	
17. INFORMANT <u>Dr. C. La Rocco</u>			
18a. LENGTH OF PREGNANCY <u>25 WEEKS</u>	18b. WEIGHT AT BIRTH <u>2 LBS. 3 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>11-15-57</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Premature</u>		
	20b. MATERNAL CAUSES <u>Chronic hypertension recurrent</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Normal</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8:10 P.M.</u>		23a. ATTENDANT'S SIGNATURE <u>Dr. C. La Rocco</u>	23b. DATE SIGNED <u>8-28-57</u>
23c. ATTENDANT'S ADDRESS <u>1644 Jefferson</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John P. Hatcher</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried - August 28, 1957</u>	25b. DATE <u>Aug 28, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>North Park Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>North Park, Idaho</u>
DATE REG'D BY LOCAL REG. <u>9/4/57</u>	REGISTRAR'S SIGNATURE <u>John P. Hatcher</u>	25. FUNERAL DIRECTOR ADDRESS <u>John P. Hatcher - North Park, Idaho</u>	

JUG 16 1957 1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 120

Local Reg. No. 218

Reg. Dist. No. 6.0.0

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Butte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moore	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Box 95	
3. CHILD'S NAME (Type or Print) Not Named			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 6, 1957
7. FATHER'S NAME a. (First) Charles b. (Middle) Duane c. (Last) Burch		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Compton, California	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Mildred b. (Middle) Rinda c. (Last) Waterlin		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Arco, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One	
17. INFORMANT Clerk			
18a. LENGTH OF PREG-NANCY 38 WEEKS	18b. WEIGHT AT BIRTH ? LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date January	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythroblastosis Fetalis	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:45 P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Ralph J. Coates M.D.	
23b. DATE SIGNED		23c. ATTENDANT'S ADDRESS Blackfoot, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Carl E. Welter		TITLE Registrar	
25a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	25b. DATE Aug. 7, 1957	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial Hospital	25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho
DATE REC'D BY LOCAL REG. Aug. 7-1957	REGISTRAR'S SIGNATURE Mr. Coates E. Farnie	26. FUNERAL DIRECTOR Carl E. Welter	ADDRESS Bluff, Idaho

RECEIVED CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 121

Local Reg. No. 25-218

Reg. Dist. No. 110

SEP 12 1957

1. PLACE OF STILLBIRTH a. COUNTY <u>Division of Vital Statistics</u> <u>Bonner</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonner</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sandpoint</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sandpoint</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bonner General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #2</u>	
3. CHILD'S NAME (Type or Print) <u>Diana Maria Daniels</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug. 29 1957</u>
7. FATHER'S NAME a. (First) <u>Paul</u>		b. (Middle) <u>Alvin</u>	c. (Last) <u>Daniels</u>
9. AGE (At time of this birth) <u>40</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Iowa</u>	11a. USUAL OCCUPATION <u>laborer</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Hazel</u>		b. (Middle) <u>Louise</u>	c. (Last) <u>Watts</u>
14. AGE (At time of this birth) <u>28</u> YEARS		13. COLOR OR RACE <u>white</u>	
15. BIRTHPLACE (State or foreign country)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>X Max Myron Watts</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes...X... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Strangulation of the cord</u>		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:00 A. m.</u>		23a. ATTENDANT'S SIGNATURE <u>J. Munson</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>8/30/57</u>
23c. ATTENDANT'S ADDRESS		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. S. Moore</u> TITLE <u>Sgt. Ida</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8-31-57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pinecrest Cemo</u>	25d. LOCATION (City, town, or county) (State) <u>Sandpoint Idaho</u>
DATE REC'D BY LOCAL REG. <u>9/5/57</u>	REGISTRAR'S SIGNATURE <u>Audrey Leroy</u>	26. FUNERAL DIRECTOR <u>J. S. Moore</u> ADDRESS <u>Sgt. Ida</u>	

RECEIVED

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

SEP 17 1957

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 122

Local Reg. No. 150

Reg. Dist. No. 6/0

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY OR TOWN Idaho Falls		c. CITY OR TOWN Idaho Falls	
c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart Hospital		d. STREET ADDRESS 1140 Kearney	
3. CHILD'S NAME (Type or Print) INFANT BLAKE			
4. SEX	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 21 1957
7. FATHER'S NAME a. (First) Gilbert		b. (Middle) H.	c. (Last) Blake
9. AGE (At time of this birth) 29 YEARS		10. BIRTHPLACE (State or foreign country) New Mexico	11a. USUAL OCCUPATION Auditor
12. MOTHER'S MAIDEN NAME Norma		b. (Middle) Sue	c. (Last) Burkhalter
14. AGE (At time of this birth) 26 YEARS		15. BIRTHPLACE (State or foreign country) Texas	8. COLOR OR RACE White
17. INFORMANT Mrs. Norma Sue Blake		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Placental infarct.	
		20b. MATERNAL CAUSES None evident	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) L. J. Bringham M. D. 23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho	
		23b. DATE SIGNED 8-9-57	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE July 22, 1957	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
		25d. LOCATION (City, town, or county) Idaho Falls	(State) Idaho
DATE REC'D BY LOCAL REG. Aug. 25 1957		REGISTRAR'S SIGNATURE Anna Budgee	26. FUNERAL DIRECTOR Oland & Buck
		ADDRESS Idaho Falls, Idaho	

Mr. Bingham

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. 123
Local Reg. No. 648
Reg. Dist. No. 470

RECEIVED State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u> <u>28 195</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u>	
b. CITY OR TOWN <u>Burley</u>		c. CITY OR TOWN <u>Burley</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>619 Overland Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Vroman</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug. 11, 1957</u>
7. FATHER'S NAME a. (First) <u>Merle</u> b. (Middle) <u>Lee</u> c. (Last) <u>Vroman</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Belview, Michigan</u>	11a. USUAL OCCUPATION <u>Bar Tender</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Bonnie</u> b. (Middle) <u>Lou</u> c. (Last) <u>Dursteler</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Mapleton, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Merle Lee Vroman</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>Premature Separation of Placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>See 20 b</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>R. R. Sutton</u> (Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>8/13/57</u>
	23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL _____ TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>Aug. 11, 57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Whitney Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Whitney, Idaho</u>
DATE REC'D BY LOCAL REG. <u>8-20-57</u>	REGISTRAR'S SIGNATURE <u>Lis Warren</u>		25. FUNERAL DIRECTOR ADDRESS <u>Whitney, Idaho</u>

RECEIVED

(1979 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 SEP 23 1957
 State of Idaho

 State File No. 124
 Local Reg. No. 33
 Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY Elmore		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Elmore	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home	
c. FULL NAME OF HOSPITAL OR INSTITUTION Elmore Memorial		d. STREET ADDRESS (If rural, give location) 1252 East 3rd North	
3. CHILD'S NAME (Type or Print) Donna Gayle Bottorff			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 30, 1957
7. FATHER'S NAME a. (First) Walter b. (Middle) Earl c. (Last) Bottorff, Jr.		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Long Beach, California	11a. USUAL OCCUPATION Airman	11b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force
12. MOTHER'S MAIDEN NAME a. (First) Martha b. (Middle) Lou c. (Last) Callahan		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Bartow County, Georgia	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Martha Bottorff			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Feb. 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) none		20a. FETAL CAUSES none	
		20b. MATERNAL CAUSES Preeclampsia, Premature separation of placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:30 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Malone H. Solesch M.D.	
23b. DATE SIGNED August 31, 1957		24. SIGNATURE OF AUTHORIZED OFFICIAL Arthur Smith	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal		25b. DATE 8-31-57	
25c. NAME OF CEMETERY OR CREMATORY Madera Funeral Home		25d. LOCATION (City, town, or county) (State) Madera Calif.	
DATE REC'D BY LOCAL REG. Aug. 31-1957		26. FUNERAL DIRECTOR ADDRESS Arthur Smith - Bay Mortuary Mtn Home	

SEP 24 1954

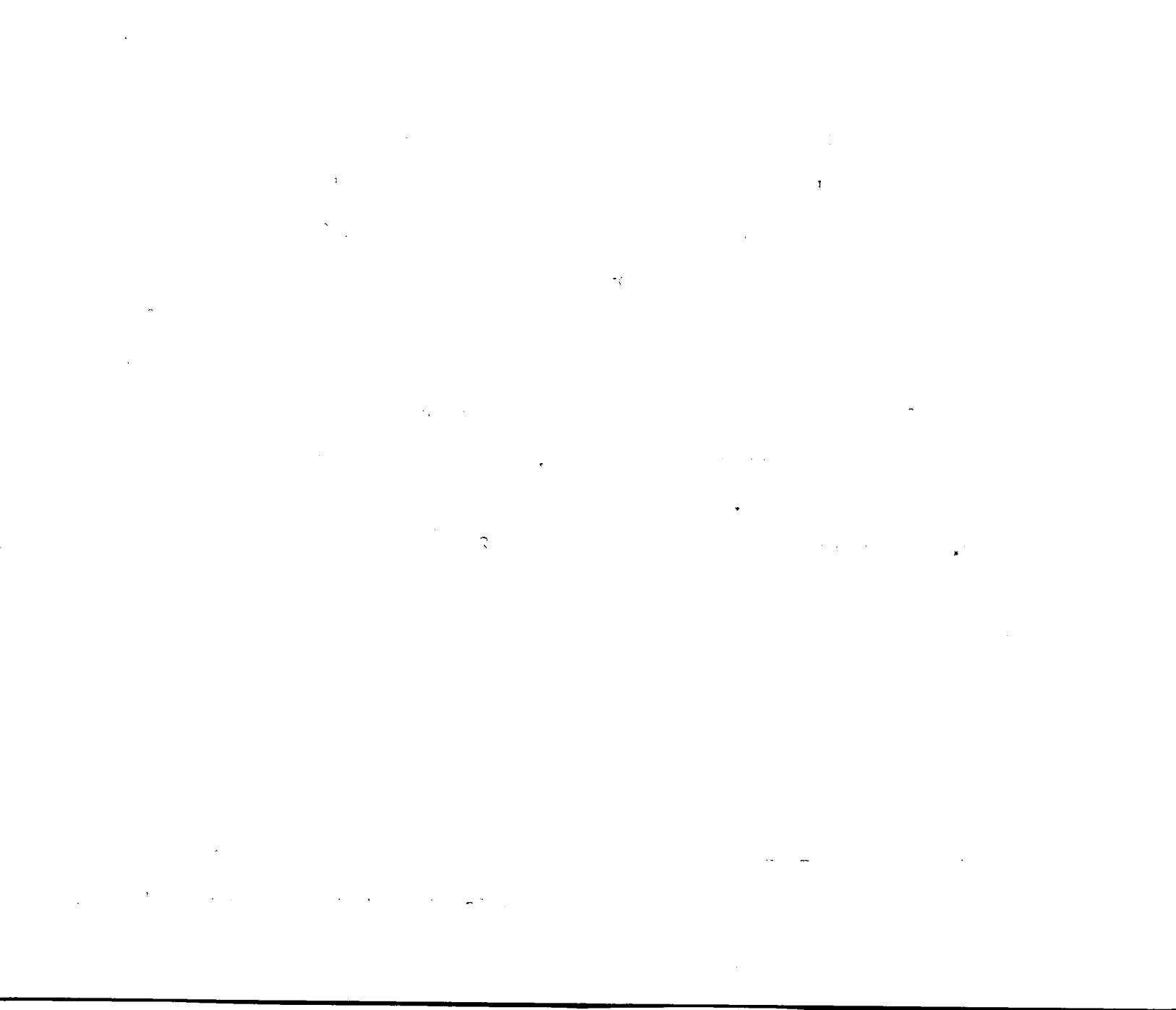
RECEIVED

(1949 Revision of Standard Certificate)
SEP 13 1957 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 125
Local Reg. No. 6
Reg. Dist. No. 138

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City Gen		d. STREET ADDRESS (If rural, give location) Rt #. 2	
3. CHILD'S NAME (Type or Print) Baby Boy Rambow			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 8 23 57
7. FATHER'S NAME a. (First) John b. (Middle) W c. (Last) Rambow		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Coeur d'Alene Idaho	11a. USUAL OCCUPATION Sawyer	11b. KIND OF BUSINESS OR INDUSTRY Logging
12. MOTHER'S MAIDEN NAME a. (First) Beverly b. (Middle) L. c. (Last) Turnbull		13. COLOR OR RACE W	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Minn.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? c. How many OTHER children were still born (born dead after 20 weeks pregnancy)? One	
17. INFORMANT Mr. John Rambow			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Abruption placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature labor		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Edna Lee MD	23b. DATE SIGNED 8/28/57
23c. ATTENDANT'S ADDRESS ED 4-		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Spokane, Wash
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 8-26-57	25c. NAME OF CEMETERY OR CREMATORY Hazen & Jaeger	25d. LOCATION (City, town, or county) (State) Spokane, Wash
DATE REC'D BY LOCAL REG. Aug. 28, 1957		REGISTRAR'S SIGNATURE Jessamine K. Brush	26. FUNERAL DIRECTOR ADDRESS Yates-Morse Funeral Home Coeur d'Alene, Idaho <i>By Gilbert Yates</i>



RECEIVED CERTIFICATE OF STILLBIRTH

State of Idaho

AUG 30 1957

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u> Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Nezperce</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>MOSCOW</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Lewiston</u> TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman</u>		d. STREET ADDRESS (If rural, give location) <u>1400 3rd St.</u>	
3. CHILD'S NAME (Type or Print) <u>Stephen Kent Dennler</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jul 26 1957</u>
7. FATHER'S NAME a. (First) <u>Kenneth</u> b. (Middle) <u>Dennler</u> c. (Last) <u>white</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Juliaetta, Idaho</u>	11a. USUAL OCCUPATION <u>laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>P.F.I.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Willa</u> b. (Middle) <u>Skiles</u> c. (Last) <u>white</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>16</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. K. Dickinson</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>None</u>		
	20b. MATERNAL CAUSES <u>Prolapse of Umbilical Cord during labor</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>See 20b</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:00</u> a.m.	23a. ATTENDANT'S SIGNATURE <u>Lakey Stephens</u>		23b. DATE SIGNED <u>7-30-57</u>
	23c. ATTENDANT'S ADDRESS <u>Moscow</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>H. R. Short</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>7/27/57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Latah Idaho</u>
DATE REC'D BY LOCAL REG. <u>8/13/57</u>	REGISTRAR'S SIGNATURE <u>Martha Tomlinson</u>	26. FUNERAL DIRECTOR ADDRESS <u>Moscow</u>	

RECEIVED

(Revision of Standard Certificate)

SEP 9 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 127
Local Reg. No. 24
Reg. Dist. No. 200

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>264 No. Lieualen</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Haley</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug 7 1957</u>
7. FATHER'S NAME a. (First) <u>Ralph</u>		b. (Middle) <u>Haley</u> c. (Last) <u>White</u>	
8. COLOR OR RACE <u>White</u>	9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Wyoming</u>	11a. USUAL OCCUPATION <u>Contractor</u>
11b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		12. MOTHER'S MAIDEN NAME a. (First) <u>Ella</u> b. (Middle) <u>Skiles</u> c. (Last) <u>White</u>	
13. COLOR OR RACE <u>White</u>	14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>
17. INFORMANT <u>Ralph Haley</u>			
18a. LENGTH OF PREGNANCY <u>8 mos. weeks</u>	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>12/56</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>toxemia of pregnancy - eclamptic</u>	
		20b. MATERNAL CAUSES <u>usual</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:20 p.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. J. M. D.</u>	
23b. DATE SIGNED <u>Aug. 21, 1957</u>		23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>David R. Tate</u>		TITLE <u> </u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8-9-1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>9/2/57</u>	REGISTRAR'S SIGNATURE <u>G. E. Skerog</u>	26. FUNERAL DIRECTOR ADDRESS <u>David R. Tate Moscow, Idaho</u>	

Wilson

(1949 Revision of Standard Certificate)

State File No. 128
Local Reg. No. 95
Reg. Dist. No. 245

SEP 9 1957

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Viola</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Hill</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug</u> <u>14</u> <u>1957</u>
7. FATHER'S NAME <u>Jake</u>	a. (First)	b. (Middle)	c. (Last) <u>Hill</u>
8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>California</u>	11a. USUAL OCCUPATION <u>farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Wheat</u>
12. MOTHER'S MAIDEN NAME <u>Joyce</u>	a. (First)	b. (Middle)	c. (Last) <u>Walser</u>
13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Jake Hill</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>5</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Jan 30, 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Monstrosity</u>		
	20b. MATERNAL CAUSES <u>none</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:25 a</u> m.		23a. ATTENDANT'S SIGNATURE <u>Joseph H. Wilson, M.D.</u>	23b. DATE SIGNED <u>8-20-57</u>
23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>David R. Tate</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8-17-1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Palouse Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Palouse</u> <u>Wash.</u>
DATE REC'D BY LOCAL REG. <u>9/3/57</u>	REGISTRAR'S SIGNATURE <u>Lisa E. Skelly</u>	26. FUNERAL DIRECTOR <u>David R. Tate</u>	
		ADDRESS <u>Moscow, Idaho</u>	

RECEIVED

(1949 Revision of Standard Certificate)

SEP 3 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 129

Local Reg. No. 52

Reg. Dist. No. 450

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY Minidoka		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Minidoka	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt # 4, Rupert, Idaho	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rupert General Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Infant Boy Noble			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 19 1957
7. FATHER'S NAME a. (First) Cecil Sterling Noble b. (Middle) c. (Last)			8. COLOR OR RACE White
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Rupert Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Arpha b. (Middle) c. (Last) Sheen			13. COLOR OR RACE White
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Hiawatha Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Cecil Noble			
18a. LENGTH OF PREGNANCY 35 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Not Known	
		20b. MATERNAL CAUSES Dead 3 weeks before delivery.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Charles M. M.	
		23b. DATE SIGNED 8-22-57	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Aug 20 1957	25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
		25d. LOCATION (City, town, or county) (State) Rupert Idaho	
DATE REC'D BY LOCAL REG. 8-23-57		26. FUNERAL DIRECTOR ADDRESS Robert C Walk Rupert Idaho	
REGISTRAR'S SIGNATURE Mary Ellen Carlson			
P.N.N.			

MAY 7 1979

RECEIVED

(Revision of Standard Certificate)

SEP 9 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 130

Local Reg. No. 42

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH (Division of Vital Statistics)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Shoshone</u>		a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kellogg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kellogg</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wardner Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>84 East Brown</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Boy Holzer</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 9 1957</u>
7. FATHER'S NAME a. (First) <u>Thomas</u>		b. (Middle) <u>Holzer</u> c. (Last) <u>White</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Stearns Co. Dak.</u>	11a. USUAL OCCUPATION <u>Miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Rose</u>		b. (Middle) <u>Mary</u> c. (Last) <u>Kiefer</u>	
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Hague North Dakota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Thomas Holzer Kellogg, Idaho</u>	18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Immaturity</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Immaturity</u>		20b. MATERNAL CAUSES	
22. STATE ALL OPERATIONS FOR DELIVERY		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Robert Holzer</u>	
23b. DATE SIGNED <u>8-11-57</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John M. Glade Kellogg, Idaho</u>		TITLE	
25a. BURIAL, CREMA-TION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>August 10, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Kellogg, Idaho</u>
DATE REC'D BY LOCAL REG. <u>8-13-57</u>	REGISTRAR'S SIGNATURE <u>John M. Glade</u>	26. FUNERAL DIRECTOR ADDRESS <u>Kellogg, Idaho</u>	

RECEIVED

(1949 Revision of Standard Certificate)

OCT 11 1957 CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

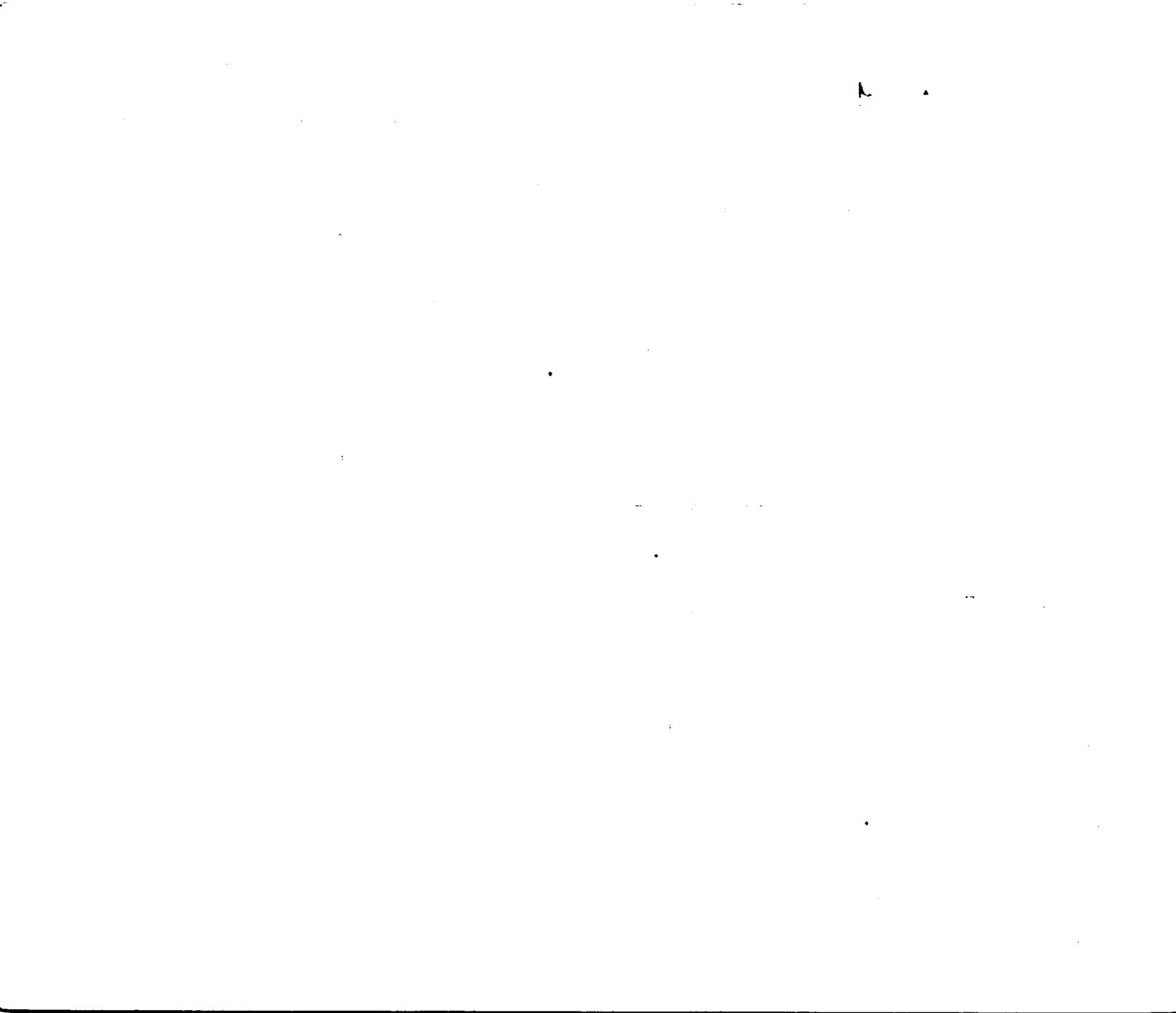
131

Local Reg. No.

Reg. Dist. No.

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 419 W. Benton	
3. CHILD'S NAME (Type or Print) BABY GIRL STEPHENSON			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) September 14, 1957
7. FATHER'S NAME a. (First) Albert b. (Middle) G. c. (Last) Stephenson	8. COLOR OR RACE White		
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY Idaho State College
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Ellen c. (Last) O'Donnell	13. COLOR OR RACE White		
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Information taken from hosp. records			
18a. LENGTH OF PREGNANCY 32-36 WEEKS	18b. WEIGHT AT BIRTH not LBS. done	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Torsion of the Umbilical Cord 20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Death of Fetus in Utero		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:00 A.M.		23a. ATTENDANT'S SIGNATURE L. C. Olsen, M.D.	23b. DATE SIGNED 9-25-57
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Allan Manning TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL OCT 10 1957	REGISTRAR'S SIGNATURE Gene Albright	26. FUNERAL DIRECTOR Allan Manning 510 W 12th Pocatello, Ida.	



RECEIVED

(1949 Revision of Standard Certificate)

SEP 13 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

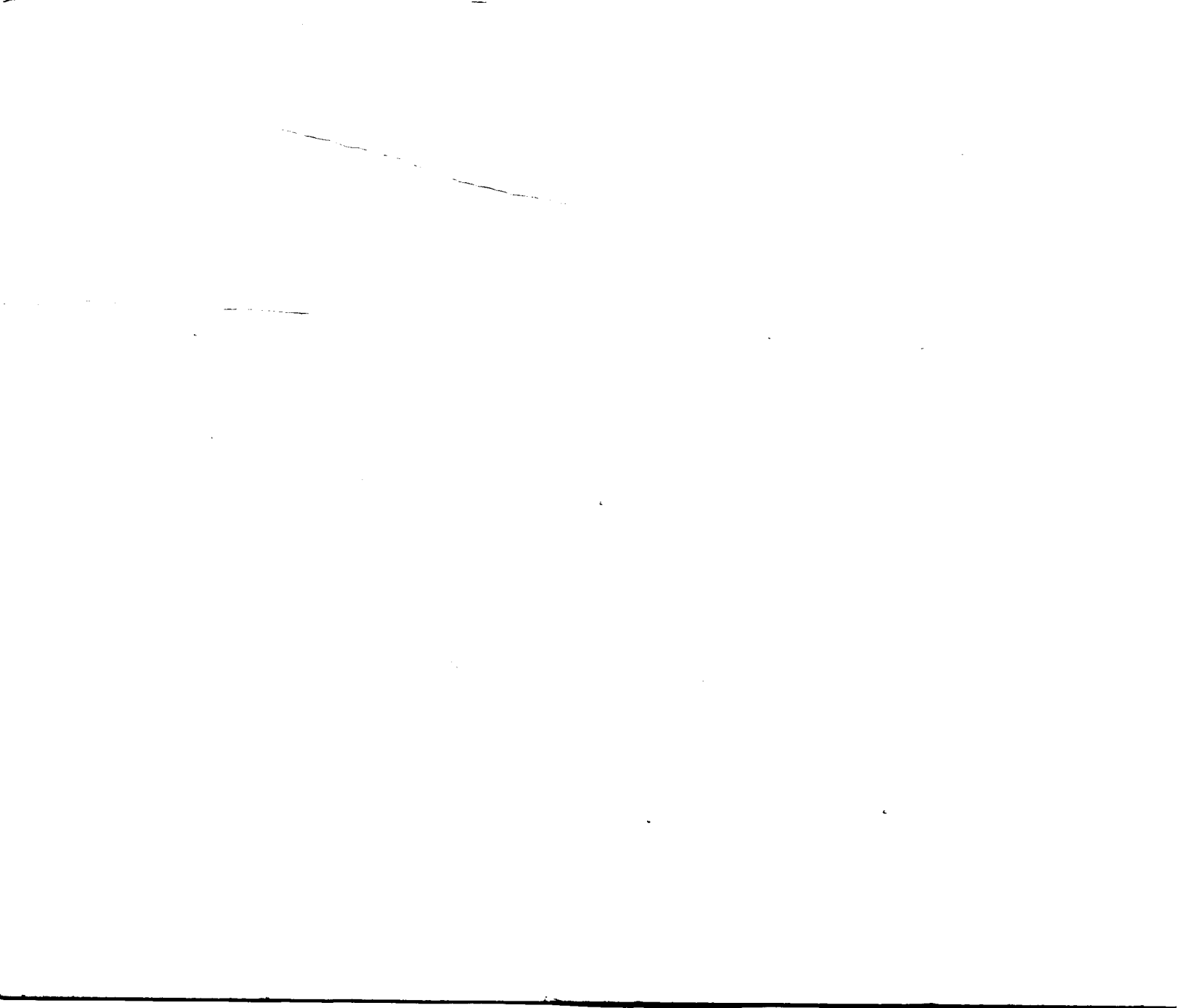
State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

132

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Oneida	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Downey		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holbrook,	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Marsh Valley Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Girl			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 1, 1957
7. FATHER'S NAME a. (First) Jesse b. (Middle) Lee c. (Last) Marts		8. COLOR OR RACE White	
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Woodward, Oklahoma	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Nadine b. (Middle) Ramona c. (Last) Baker		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Cement, Oklahoma.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Nadine B. Marts <i>Mother</i>			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> June, 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES twins - one with obvious intra-cranial abnormality - macerated -	
		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:35 A.M.		23a. ATTENDANT'S SIGNATURE George H. Bjorkman MD (Specify M.D., midwife, or other) 23b. DATE SIGNED 9-9-57	
23c. ATTENDANT'S ADDRESS Downey, Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL NOT attended by physician TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. Sept 11, 1957		REGISTRAR'S SIGNATURE Orissa Salvesen	
26. FUNERAL DIRECTOR		ADDRESS	



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 133

Local Reg. No. 552

Reg. Dist. No. 2

1. PLACE OF STILLBIRTH a. COUNTY <u>Bear Lake</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bear Lake</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montpelier Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Thorngtown Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bear Lake Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Thorngtown</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Black</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept. 14 1957</u>
7. FATHER'S NAME a. (First) <u>Larry</u> b. (Middle) <u>U.</u> c. (Last) <u>Black</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Montpelier, Ida.</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Jaquinta</u> b. (Middle) <u>Juba</u> c. (Last) <u>Velasquez</u>		13. COLOR OR RACE <u>Mexican</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Burley Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Adell Black Thorngtown, Ida.</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>No cranium</u>	
		20b. MATERNAL CAUSES <u>Premature labor</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8</u> P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>D. D. Surpyno M.D.</u>	
23b. DATE SIGNED <u>9/27/57</u>		23c. ATTENDANT'S ADDRESS <u>Montpelier, Ida.</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Adell Matthews</u>		24b. DATE SIGNED <u>9/27/57</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>Sept 16 1957</u>	
25c. NAME OF CEMETERY OR CREMATOR <u>Thorngtown Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Thorngtown Idaho</u>	
DATE REC'D BY LOCAL REG. <u>9/28/57</u>		REGISTRAR'S SIGNATURE <u>N. H. King</u>	
26. FUNERAL DIRECTOR <u>Adell Matthews</u>		ADDRESS <u>Montpelier, Ida.</u>	

FEB 18 2010 x1

SEP 26 1957

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Donneville</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Idaho Falls</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Donneville</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Idaho Falls</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Lois Lucie Jolley</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept 7, 1957</u>
7. FATHER'S NAME a. (First) <u>Herbert</u> b. (Middle) <u>Clyde</u> c. (Last) <u>Jolley</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY <u>Johnson's Bakery</u>
12. MOTHER'S MAIDEN NAME <u>Lois</u>		13. COLOR OR RACE <u>Croatian</u>	
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Donna Jolley</u> <u>Idaho Falls, Idaho</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Intra uterine suffocation</u> 20b. MATERNAL CAUSES <u>Premature placental separation</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Pulmonary infection</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m. Idaho Falls</u>		23. DATE SIGNED <u>9/9/57</u>	
24. ATTENDANT'S SIGNATURE <u>William W. W.</u>		25. ATTENDANT'S ADDRESS <u>Idaho Falls</u>	
26. SIGNATURE OF AUTHORIZED OFFICIAL <u>Leo A. Neilson</u>		TITLE <u>Idaho Falls</u>	
27. BURIAL CREMATION, REMOVAL (Specify)	28. DATE <u>Sept 11-1957</u>	29. NAME OF CEMETERY OR CREMATORY <u>Holding Memorial Park</u>	30. LOCATION (City, town, or county) (State) <u>Idaho Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Sept 21-1957</u>	REGISTRAR'S SIGNATURE <u>Anna Burger</u>	26. FUNERAL DIRECTOR <u>Leo A. Neilson</u>	

JUL 12 1989

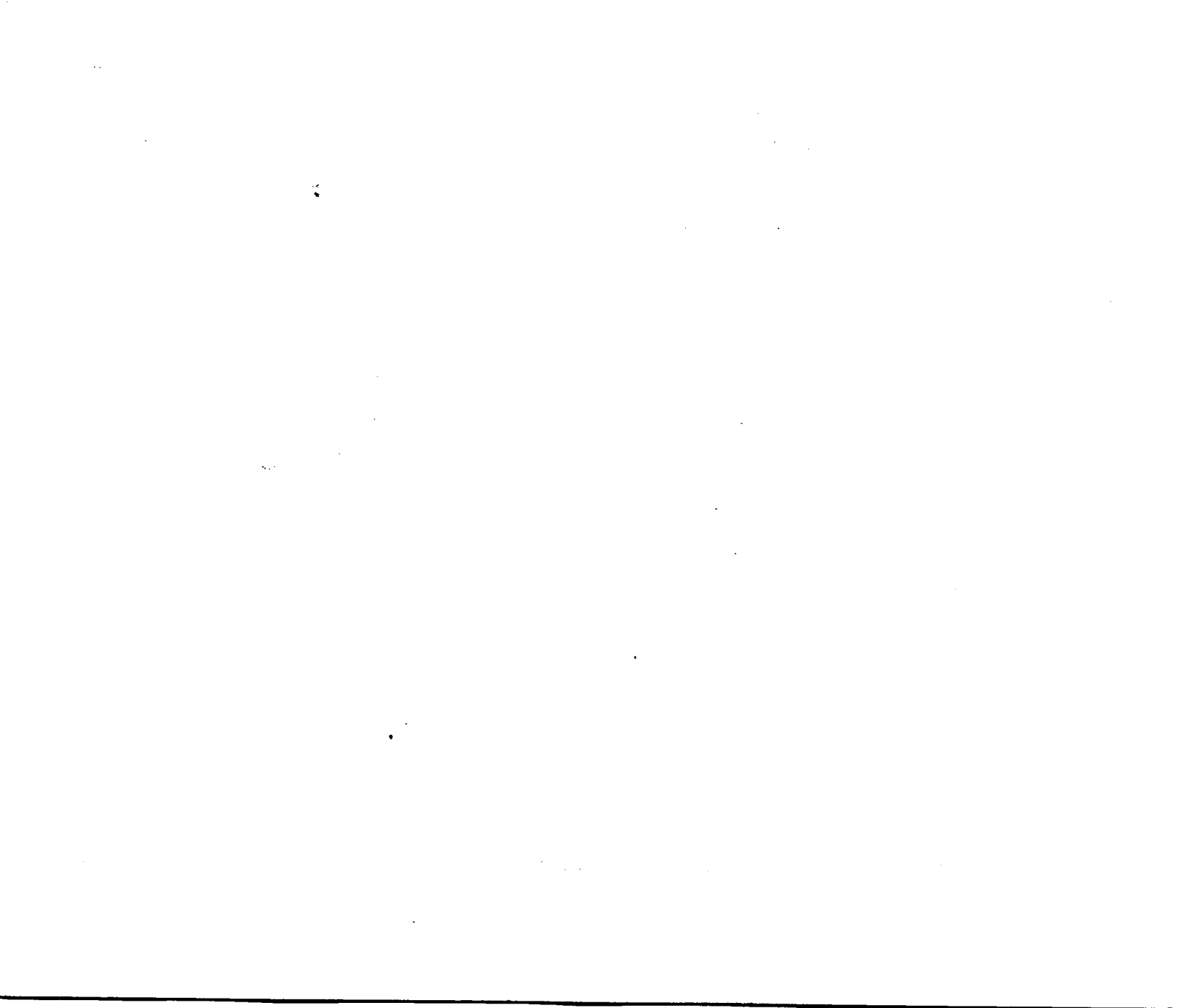
RECEIVED

(1949 Revision of Standard Certificate)
SEP 19 1957 CERTIFICATE OF STILLBIRTH

State File No. 135
Local Reg. No. 37-357
Reg. Dist. No. 10.0

Division of Vital Statistics State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Boundary		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Boundary	
b. CITY OR TOWN Bonnors Ferry		c. CITY OR TOWN Bonnors Ferry	
c. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Steven Douglas Johnson			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept 10 1957
7. FATHER'S NAME a. (First) Ronald b. (Middle) none c. (Last) Johnson	8. COLOR OR RACE White		
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) North Dakota	11a. USUAL OCCUPATION Sawmill Worker	11b. KIND OF BUSINESS OR INDUSTRY Lumber
12. MOTHER'S MAIDEN NAME a. (First) Eunice b. (Middle) none c. (Last) Ploium	13. COLOR OR RACE White		
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) North Dakota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Ronald Johnson			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date March 67.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES		
	20b. MATERNAL CAUSES Accidental fall and premature separation of marginally implanted placenta		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Spontaneous abortion due to placenta previa marginalis		22. STATE ALL OPERATIONS FOR DELIVERY none	
23a. ATTENDANT'S SIGNATURE Fredrick W. Duvose M.D.		23b. DATE SIGNED 9/14/57	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL L. M. Mason Jr.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Sept 11 1957	
25c. NAME OF CEMETERY OR CREMATORY Grandview		25d. LOCATION (City, town, or county) (State) Bonnors Ferry Idaho	
DATE REC'D BY LOCAL REG. Sept 15-1957		26. FUNERAL DIRECTOR L. M. Mason Jr.	



RECEIVED CERTIFICATE OF STILLBIRTH

(1949 Revision of Standard Certificate)

OCT 14 1957

State of Idaho

State File No. **136**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY Butte		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Butte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arco		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moore	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dr's office		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Beverland			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 9 14 1957
7. FATHER'S NAME a. (First) unknown b. (Middle) c. (Last)		8. COLOR OR RACE	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Donna b. (Middle) c. (Last) Beverland		13. COLOR OR RACE white	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Moore, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 0	
17. INFORMANT Mrs Scott Beverland			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 9/14/57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature separation of placenta	
		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>[Signature]</i>	
		23b. DATE SIGNED 9/15/57	
23c. ATTENDANT'S ADDRESS Arco, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i>	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Rural	25b. DATE 9-15-1957	25c. NAME OF CEMETERY OR CREMATORY East River - Cenu	25d. LOCATION (City, town, or county) (State) Moore - Idaho.
DATE REC'D BY LOCAL REG. Oct-5-1957	REGISTRAR'S SIGNATURE <i>[Signature]</i> 670	26. FUNERAL DIRECTOR <i>[Signature]</i> 72. 19	ADDRESS Arco, Idaho

RECEIVED

(1949 Revision of Standard Certificate)

SEP 30 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

137

36-2

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Samaritan Community Hospital		d. STREET ADDRESS (If rural, give location) 83 Canyon	
3. CHILD'S NAME (Type or Print) CHERI ANN TIDWELL			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) September 18, 1957
7. FATHER'S NAME a. (First) Wayne b. (Middle) Tidwell c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Nampa, Idaho	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Shirley b. (Middle) Petersen c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Roy, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Wayne Tidwell			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Feb - 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None found.	
		20b. MATERNAL CAUSES Uncertain - Possibly abruptio placenta.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None - normal delivery.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:17 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Herry C. Wesche M.D.	
23b. DATE SIGNED 9-19-57		23c. ATTENDANT'S ADDRESS Nampa Idaho.	
24. SIGNATURE OF AUTHORIZED OFFICIAL John F. Alsip Jr.		TITLE ALSIP FUNERAL CHAPEL	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept. 20 '57	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery	25d. LOCATION (City, town, or county) (State) Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG. Sept 25, 1957		REGISTER'S SIGNATURE Mrs. James Beck	
26. FUNERAL DIRECTOR John F. Alsip Jr.		ADDRESS Nampa, Idaho	

RECEIVED

1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

OCT 8 1957

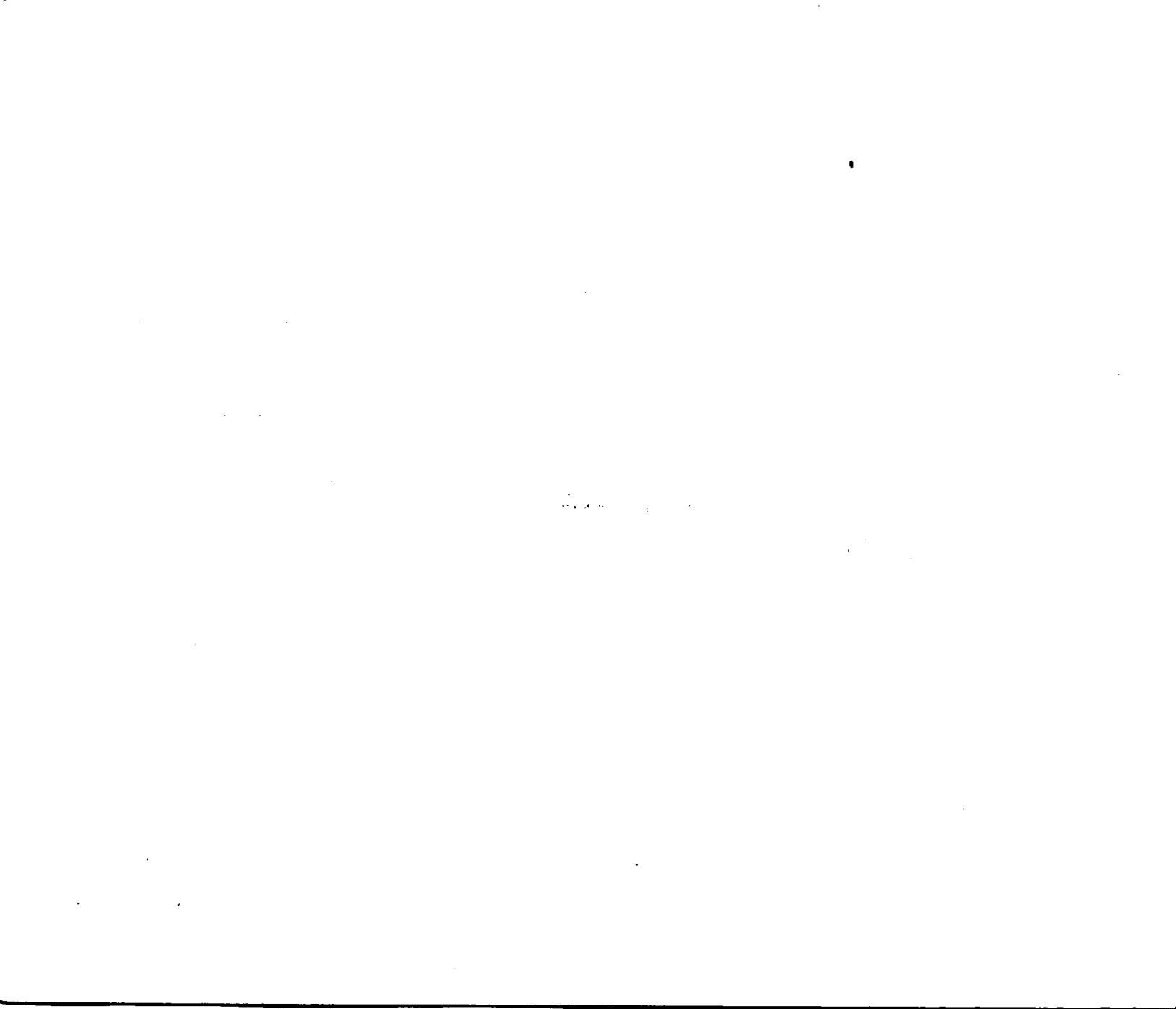
State of Idaho

State File No. 138

Local Reg. No. 6

Reg. Dist. No. 36.2

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) 511-20th Ave North	
3. CHILD'S NAME (Type or Print) Karen Ann Gillmore			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 27, 1957.
7. FATHER'S NAME a. (First) Kenneth Gillmore b. (Middle) c. (Last)		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Cherryvale, Kans.	11a. USUAL OCCUPATION Section Man	11b. KIND OF BUSINESS OR INDUSTRY U. P. Ry.
12. MOTHER'S MAIDEN NAME a. (First) Joyce b. (Middle) c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Los Angeles, Cal.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Kenneth W. Gillmore			
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Erythroblastosis fetalis - Hydrops - Pheny.		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) W. J. Jones 23b. DATE SIGNED 9/27/57	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL John F. Alsip TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9-28-57	25c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	25d. LOCATION (City, town, or county) (State) Nampa, Idaho.
DATE REC'D BY LOCAL REG. Oct. 4, 1957		REGISTRAR'S SIGNATURE John F. Alsip ADDRESS Alsip Funeral Chapel	



CERTIFICATE OF STILLBIRTH

SEP 25 1957

State of Idaho

State File No.

Local Reg. No. 17

Reg. Dist. No. 340-341

139

1. PLACE OF STILLBIRTH a. COUNTY Gem		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gem	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emmett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emmett	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mary Secor Hosp.		d. STREET ADDRESS (If rural, give location) 636 East 2nd St	
3. CHILD'S NAME (Type or Print) Baby Marrow			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 16, 1957
7. FATHER'S NAME a. (First) Glenn Morrow		b. (Middle)	c. (Last)
9. AGE (At time of this birth) 26 YEARS		10. BIRTHPLACE (State or foreign country) Mackay, Idaho	11a. USUAL OCCUPATION salesman
12. MOTHER'S MAIDEN NAME Mary Louise Kilburn		b. (Middle)	c. (Last)
14. AGE (At time of this birth) 25 YEARS		15. BIRTHPLACE (State or foreign country) Ft. Collins, Colo.	11b. KIND OF BUSINESS OR INDUSTRY oil
17. INFORMANT Glenn Morrow		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
18a. LENGTH OF PREGNANCY 23 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None known	
		20b. MATERNAL CAUSES None known	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1st m.		23a. ATTENDANT'S SIGNATURE Mrs. B. Jewell MD.	
		23b. DATE SIGNED 9-19-57	
23c. ATTENDANT'S ADDRESS 107 N Comm, Emmett, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Glenn W. Beatty	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial		25b. DATE Sept. 18, 1957	
		25c. NAME OF CEMETERY OR CREMATORY Riverside	
		25d. LOCATION (City, town, or county) (State) Emmett, Idaho	
DATE REC'D BY LOCAL REG. Sept. 19, 1957		26. FUNERAL DIRECTOR OR ADDRESS The Beatty Chapel	

RECEIVED

(1949 Revision of Standard Certificate)

SEP 25 1957

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

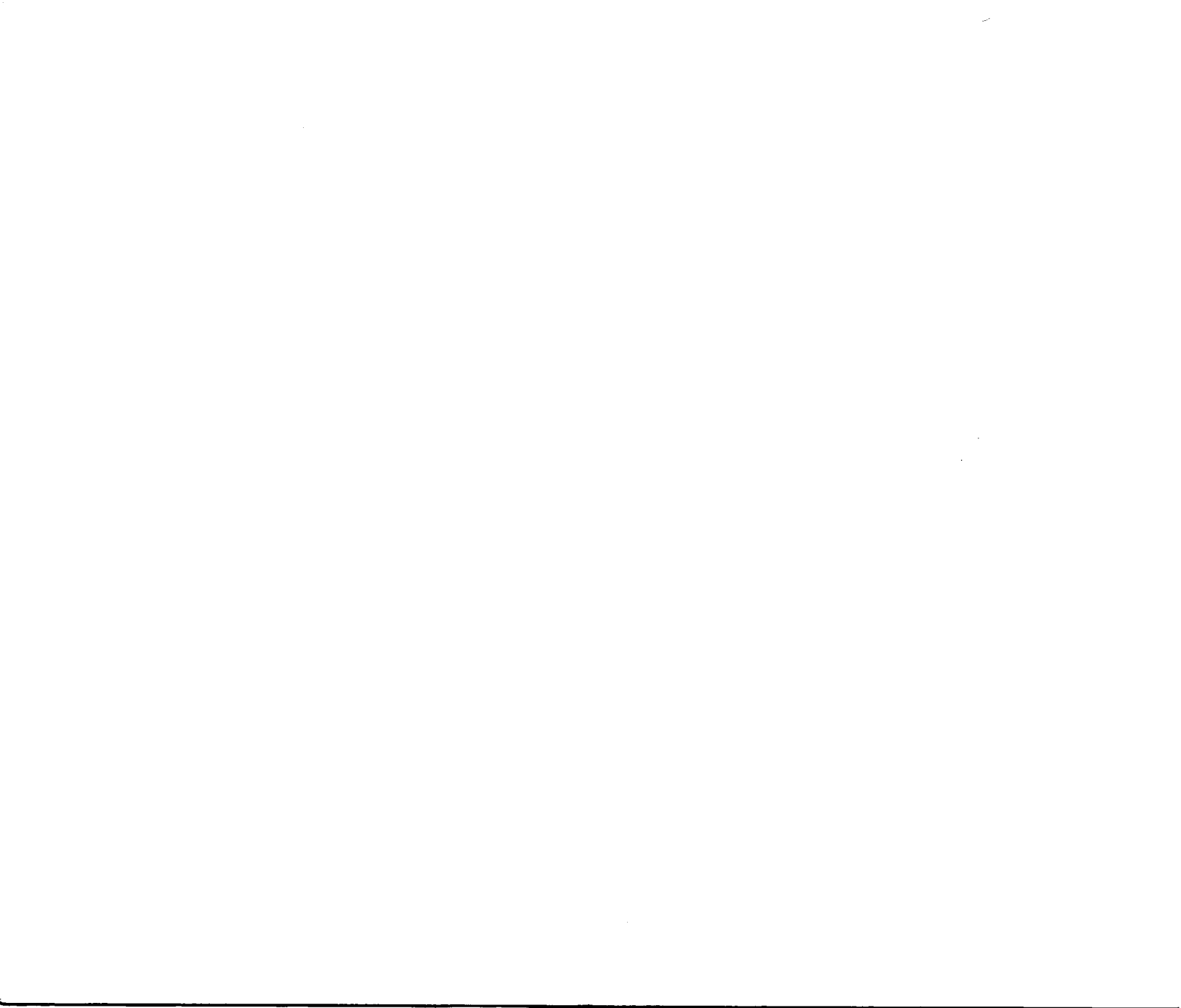
State of Idaho

State File No. 140

Local Reg. No. 19

Reg. Dist. No. 340 341

1. PLACE OF STILLBIRTH a. COUNTY Gem		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Payette	
b. CITY OR TOWN Emmett		c. CITY OR TOWN Fruitland	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mary Secor Hospital		d. STREET ADDRESS (If rural, give location) Route # 2	
3. CHILD'S NAME (Type or Print) INFANT BOY PATRICK			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) September 19, 1957
7. FATHER'S NAME a. (First) Darrell b. (Middle) S. c. (Last) Patrick		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Neligh, Nebraska	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Auto Garage
12. MOTHER'S MAIDEN NAME a. (First) Joyce b. (Middle) A. c. (Last) Albiston		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? None	
17. INFORMANT <i>Darrell Patrick</i>			
18a. LENGTH OF PREGNANCY 20 WEEKS	18b. WEIGHT AT BIRTH LBS. 15 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7/8/57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Premature separation of placenta</i>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:40 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Harmon E. Holverson M.D.</i>	
23b. DATE SIGNED 9-19-57		23c. ATTENDANT'S ADDRESS Emmett, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Robert A. Shaffer</i>		TITLE Shaffer Memory Chapel, Payette, Ida.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept 21, '57	25c. NAME OF CEMETERY OR CREMATORY Park View Cemetery	25d. LOCATION (City, town, or county) (State) New Plymouth, Idaho
DATE REC'D BY LOCAL REG. Sept 19, 1957		26. FUNERAL DIRECTOR <i>Robert A. Shaffer</i>	



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
OCT 7 1957 State of Idaho

State File No. 141
Local Reg. No. 18
Reg. Dist. No. 640

1. PLACE OF STILLBIRTH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Texas</u> b. COUNTY <u>McCambric</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rigby</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eagle Pass</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rigby Maternity Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>214 San Marcos</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy DE LOS SANTOS</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept 23, 1957</u>
7. FATHER'S NAME a. (First) <u>Pedro</u> b. (Middle) <u>DeLosSantos</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Crystal City, Texas</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Margareta</u> b. (Middle) <u>Salazar</u> c. (Last) <u>Mexican</u>		13. COLOR OR RACE <u>Mexican</u>	
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Elmoral Mexico</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Pedro De Los Santos</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>not seen before until delivery.</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>None</u>		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>Footling Presentation - Compressed Cord</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Footling Presentation</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Chas Hall, M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Rigby, Idaho</u>	
		23b. DATE SIGNED <u>Sept. 24, 1957</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>9/23/1957</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Pioneer Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Rigby Jefferson Idaho.</u>	
DATE REC'D BY LOCAL REG. <u>9/23/57</u>		26. FUNERAL DIRECTOR ADDRESS <u>Mrs. A. B. Eckersell Rigby, Idaho.</u>	

RECEIVED

(1949 Revision of Standard Certificate)

OCT

3 1957

Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No. 99

Reg. Dist. No. 200

1. PLACE OF STILLBIRTH a. COUNTY Latah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Latah	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow			
c. FULL NAME OF HOSPITAL OR INSTITUTION Gritman Hospital		d. STREET ADDRESS RT 1			
3. CHILD'S NAME (Type or Print) Paul Henry Deesten					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug 31 1957		
7. FATHER'S NAME a. (First) Henry		b. (Middle)		c. (Last) Deesten	
8. COLOR OR RACE White					
9. AGE (At time of this birth) 43 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Farmer		11b. KIND OF BUSINESS OR INDUSTRY Wheat	
12. MOTHER'S MAIDEN NAME a. (First) Lucille		b. (Middle)		c. (Last) Frost	
13. COLOR OR RACE White					
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Henry Deesten					
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>XX</u> No Approximate date June, 1957			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Toxemia of mother			
		20b. MATERNAL CAUSES Nephretic toxemia			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:00 P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>B. J. Klaar</i>		23b. DATE SIGNED 9/17/57	
23c. ATTENDANT'S ADDRESS Moscow, Idaho		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9-4-1957	25c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens		25d. LOCATION (City, town, or county) (State) Moscow Idaho	
DATE REC'D BY LOCAL REG. 9/27/57	REGISTRAR'S SIGNATURE <i>Leiv E. Skog</i>	26. FUNERAL DIRECTOR David R. Tate		ADDRESS Moscow, Idaho	

RECEIVED

(1949 Revision of Standard Certificate)

SEP 16 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 143

Local Reg. No. 193

Reg. Dist. No. 220

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spalding	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) At North End Spalding Bridge	
3. CHILD'S NAME (Type or Print) Baby Boy Ansbaugh			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 1, 1957
7. FATHER'S NAME a. (First) Roy b. (Middle) Francis c. (Last) Ansbaugh, Jr.		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Harbor City, Calif.	11a. USUAL OCCUPATION Millworker	11b. KIND OF BUSINESS OR INDUSTRY Lumbering
12. MOTHER'S MAIDEN NAME a. (First) Selma b. (Middle) Emerald c. (Last) Pearson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Lewiston, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Ray F. Ansbaugh Jr.</i>			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES		
	20b. MATERNAL CAUSES <i>Placenta abruptio</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none.</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none.</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:00 A.M.	23a. ATTENDANT'S SIGNATURE <i>John S. Braddock, M.D.</i>		23b. DATE SIGNED Sept 5, 1957
	23c. ATTENDANT'S ADDRESS 1522-17th St. Lewiston	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>K.H. Malcom</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept. 3, 1957	25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 9/10/57	REGISTRAR'S SIGNATURE <i>Cara Kinger</i>	26. FUNERAL DIRECTOR ADDRESS K.H. Malcom Lewiston, Idaho	

Dr. Mackey

RECEIVED

CERTIFICATE OF STILLBIRTH

SEP 30 1957 State of Idaho

State File No. 144
Local Reg. No. 2064
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH. a. COUNTY <u>Nez Perce</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Washington</u> b. COUNTY <u>Asotin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkston</u> d. STREET ADDRESS (If rural, give location) <u>1105 North Street</u>	
3. CHILD'S NAME ((Type or Print)) <u>Fred Gilmar</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>9</u> <u>19</u> <u>1957</u>
7. FATHER'S NAME a. (First) <u>Gene</u> b. (Middle) <u>Gilmar</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>BELGRADE, Montana</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Thelma</u> b. (Middle) <u>Fishburn</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>43</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lewistown, Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Mrs. Thelma Gilmar</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>7-30-57.</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unkn. 7 mo. fetus.</u>	
		20b. MATERNAL CAUSES <u>Infect of Placenta involving</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9</u> <u>P</u> m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u>	23b. DATE SIGNED <u>9/26/57.</u>
23c. ATTENDANT'S ADDRESS <u>[Address]</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>9/19/1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Vineland</u>	25d. LOCATION (City, town, or county) (State) <u>Clarkston Washington</u>
DATE REC'D BY LOCAL REG. <u>9/27/57</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR ADDRESS <u>Wm. Hawlett</u> <u>Merchant Funeral Home, Clarkston, Wash.</u>	

12-2-75
NOV 24 1975

RECEIVED

OCT 21 1957

Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 145

Local Reg. No. 107

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kellogg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kellogg</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wardner Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>308 East Idaho</u>	
3. CHILD'S NAME (Type or Print) <u>David Alvin Houn</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 30 1957</u>
7. FATHER'S NAME a. (First) <u>Joseph</u> b. (Middle) <u>Houn</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Linton North Dakota</u>	11a. USUAL OCCUPATION <u>Miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Violet</u> b. (Middle) <u>Fischer</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Hamilton North Dakota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Twin Boy</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Joseph Houn</u>			
18a. LENGTH OF PREGNANCY <u>41</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date <u>1/8/57</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>undetermined</u> 20b. MATERNAL CAUSES <u>undetermined</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Glen M. White</u> M.D. 23b. DATE SIGNED <u>2 Sept 57</u>	
24. ATTENDANT'S ADDRESS <u>Kellogg, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Paul M. Glad</u> TITLE <u>Kellogg, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>August 1, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	25d. LOCATION (City, town, or county) (State) <u>Kellogg Idaho</u>
DATE REC'D BY LOCAL REG. <u>10/16/57</u>	REGISTRAR'S SIGNATURE <u>Joe Levine</u>	26. FUNERAL DIRECTOR <u>Paul M. Glad</u> ADDRESS <u>Kellogg, Idaho</u>	

RECEIVED

OCT 4 1957

Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 146
Local Reg. No. 229
Reg. Dist. No. 160

1. PLACE OF STILLBIRTH a. COUNTY <u>TWIN FALLS, IDAHO</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TWIN FALLS</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>TWIN FALLS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TWIN FALLS</u> d. STREET ADDRESS (If rural, give location) <u>336 Walnut</u>	
3. CHILD'S NAME (Type or Print) <u>RONNIE Eugene Dudley</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>September 16, 1957</u>
7. FATHER'S NAME a. (First) <u>Eugene Fenton</u> b. (Middle) <u>Dudley</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Seymour, Missouri</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Joyce</u> b. (Middle) <u>Cora Lee</u> c. (Last) <u>Kitchen</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lincoln Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>NONE</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Mother</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>1 1/4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Diabetes mellitus</u>		20a. FETAL CAUSES <u>Diabetes mellitus problem</u> 20b. MATERNAL CAUSES <u>Diabetes mellitus - 1st Neg.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Diabetes mellitus</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>M. Samuelson R.N.</u> 23b. ATTENDANT'S ADDRESS <u>116 7th Ave S. Twin Falls</u>	
23c. SIGNATURE OF AUTHORIZED OFFICIAL <u>Samuelson</u>		23d. DATE SIGNED <u>9/16/57</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>9-18-57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Twin Falls Cem</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>Sept. 20, 1957</u>		26. FUNERAL DIRECTOR <u>White Mortuary</u> ADDRESS <u>Twin Falls</u>	

RECEIVED

1949 Revision of Standard Certificate)

OCT 10 1957

CERTIFICATE OF STILLBIRTH

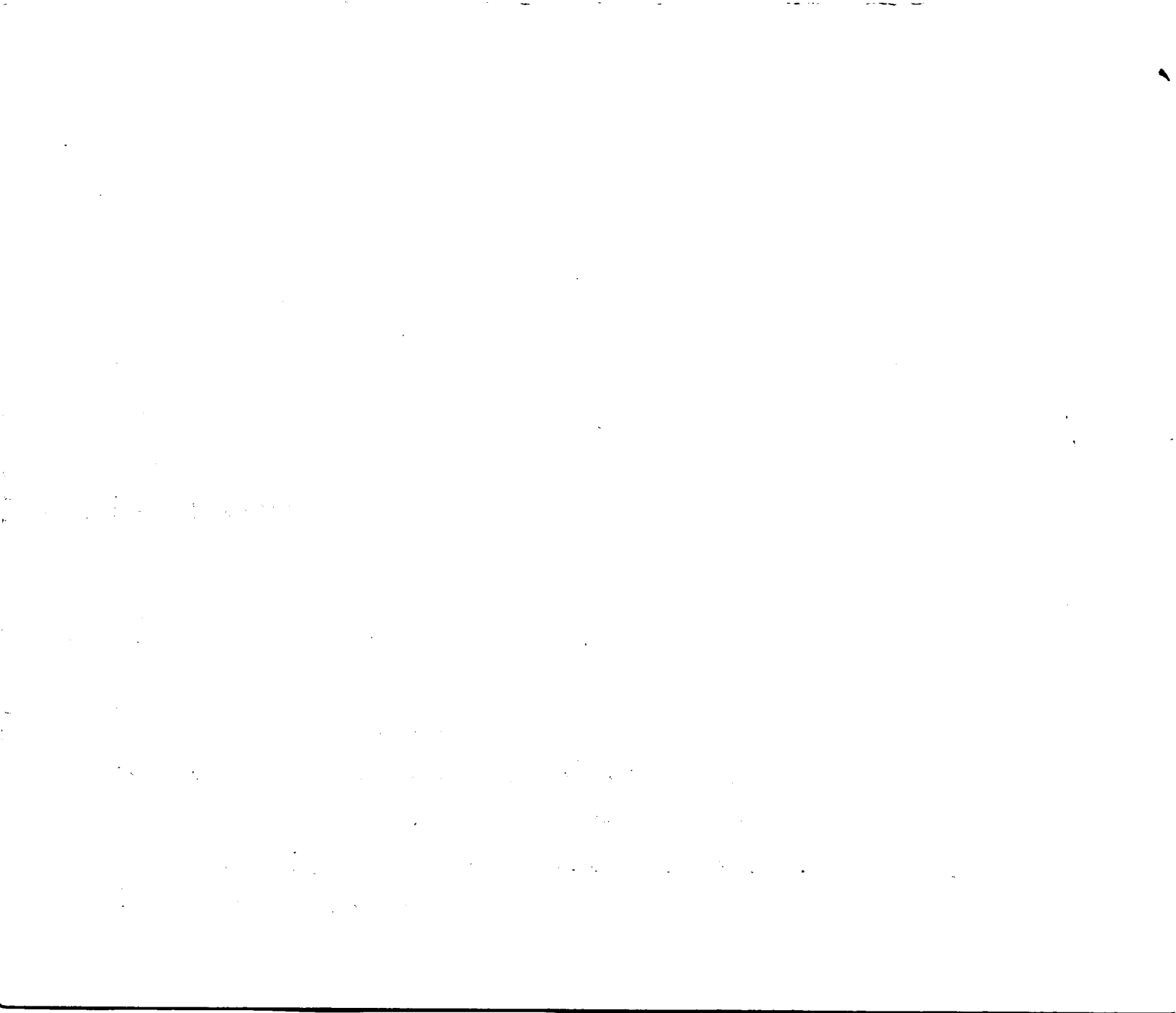
State of Idaho

State File No. 147

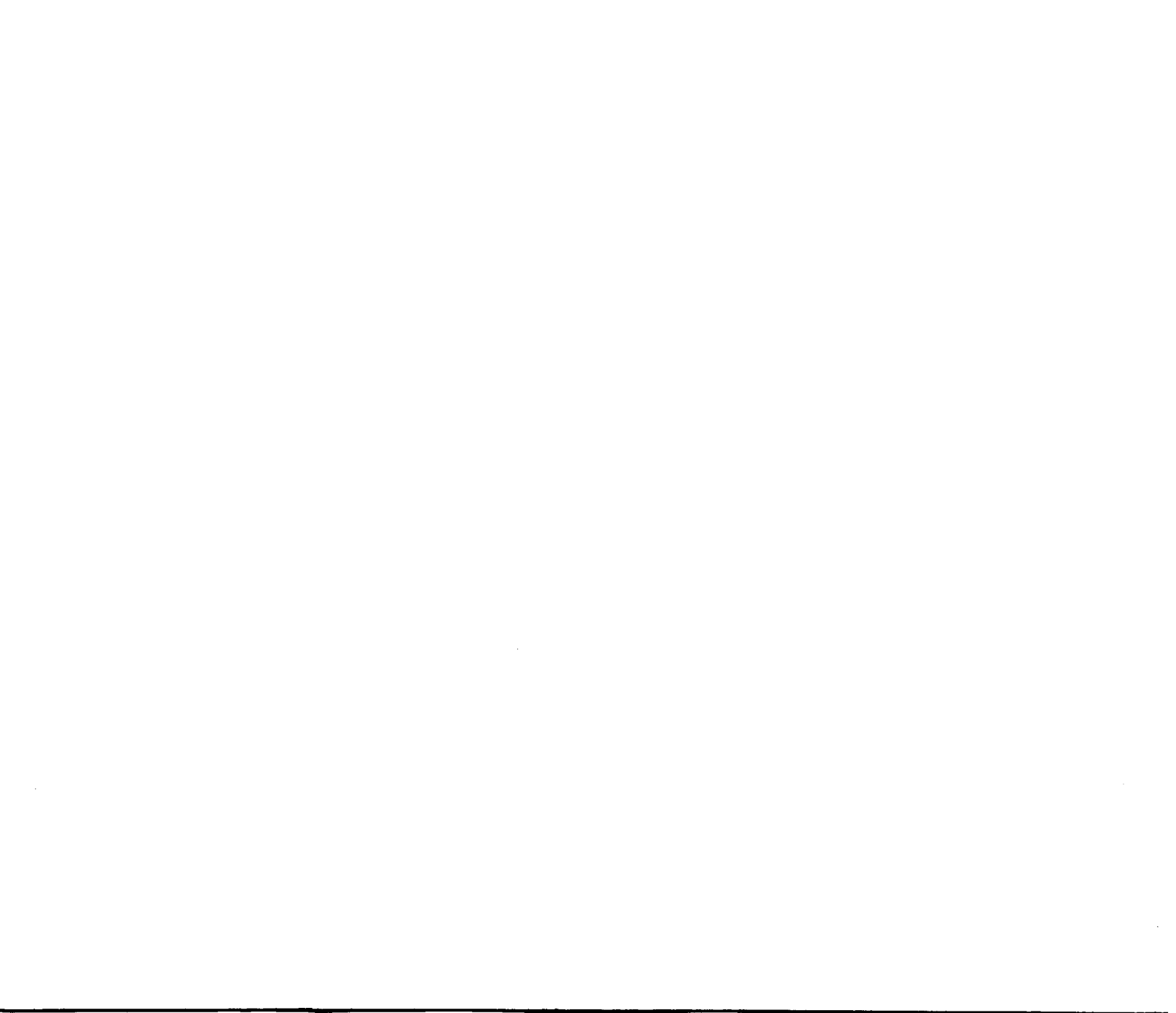
Local Reg. No. 236

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buhl</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 4</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Skinner</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>9-19-57</u>
7. FATHER'S NAME a. (First) <u>Jack</u> b. (Middle) <u>Ralph</u> c. (Last) <u>Skinner</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Twin Falls County Idaho</u>	11a. USUAL OCCUPATION <u>farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Nancy</u> b. (Middle) <u>Jo</u> c. (Last) <u>Watt</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Twin Falls</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mother</u>			
18a. LENGTH OF PREGNANCY <u>26</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>14 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? <u>Yes</u> No	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>premature separation of Placenta</u>		
	20b. MATERNAL CAUSES <u>—</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Vern H. Anderson, M.D.</u>		23b. DATE SIGNED <u>9-20-57</u>
	23c. ATTENDANT'S ADDRESS <u>Buhl, Ida</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. Woodson Creed, Jr., Pathologist</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>9/27/57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Magic Valley Memorial Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>Sept. 25, 1957</u>		26. FUNERAL DIRECTOR <u>J. Woodson Creed, Jr., Pathologist</u>	



1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>716 E. Jefferson</u>	
3. CHILD'S NAME (Type or Print) <u>Baby boy Elliott</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 6 1957</u>
7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Elliott</u>		8. COLOR OF RACE <u>white</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>	11a. USUAL OCCUPATION <u>Plastic laminator</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Dessert Marine Boat Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Rose</u> b. (Middle) <u>Marie</u> c. (Last) <u>Cavins</u>		13. COLOR OF RACE <u>white</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>D'Fallon Ill.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>3</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>James C. Elliott</u>			
18. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None apparent (fetus macerated)</u> 20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harold B. Hulme</u> 23b. DATE SIGNED <u>8 October 1957</u> 23c. ATTENDANT'S ADDRESS <u>Boise</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Daniel J. Gibson</u> TITLE <u>Schreiber</u>	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Oct. 8 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>
DATE REC'D BY LOCAL REG. <u>30-9-57</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Schreiber - McCann Gibson</u> ADDRESS <u>Boise</u>	



RECEIVED
CERTIFICATE OF STILLBIRTH

State File No. 149

Local Reg. No. 393

Reg. Dist. No. 270

OCT 31 1957

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Ada Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 4819 Holmes St.	
3. CHILD'S NAME (Type or Print) BABY BOY SIELAFF			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 14, 1957
7. FATHER'S NAME a. (First) Carl b. (Middle) J. c. (Last) Sielaff		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Dental Supply
12. MOTHER'S MAIDEN NAME a. (First) Lillian b. (Middle) Lester c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT <i>Carl J. Sielaff</i>			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Anencephalic Monster</i>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 0		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5300 m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Max D. Submunkm M.D.</i>	
23b. DATE SIGNED 10-17-57		23c. ATTENDANT'S ADDRESS <i>Boise, Idaho</i>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>Robert P. Gichard</i>		23e. TITLE DEPUTY MORTUARY	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 10/16/57	25c. NAME OF CEMETERY OR CREMATORY Cloverdale	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 10-22-57	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	25e. FUNERAL DIRECTOR'S ADDRESS <i>Robert P. Gichard</i> Boise, Idaho	

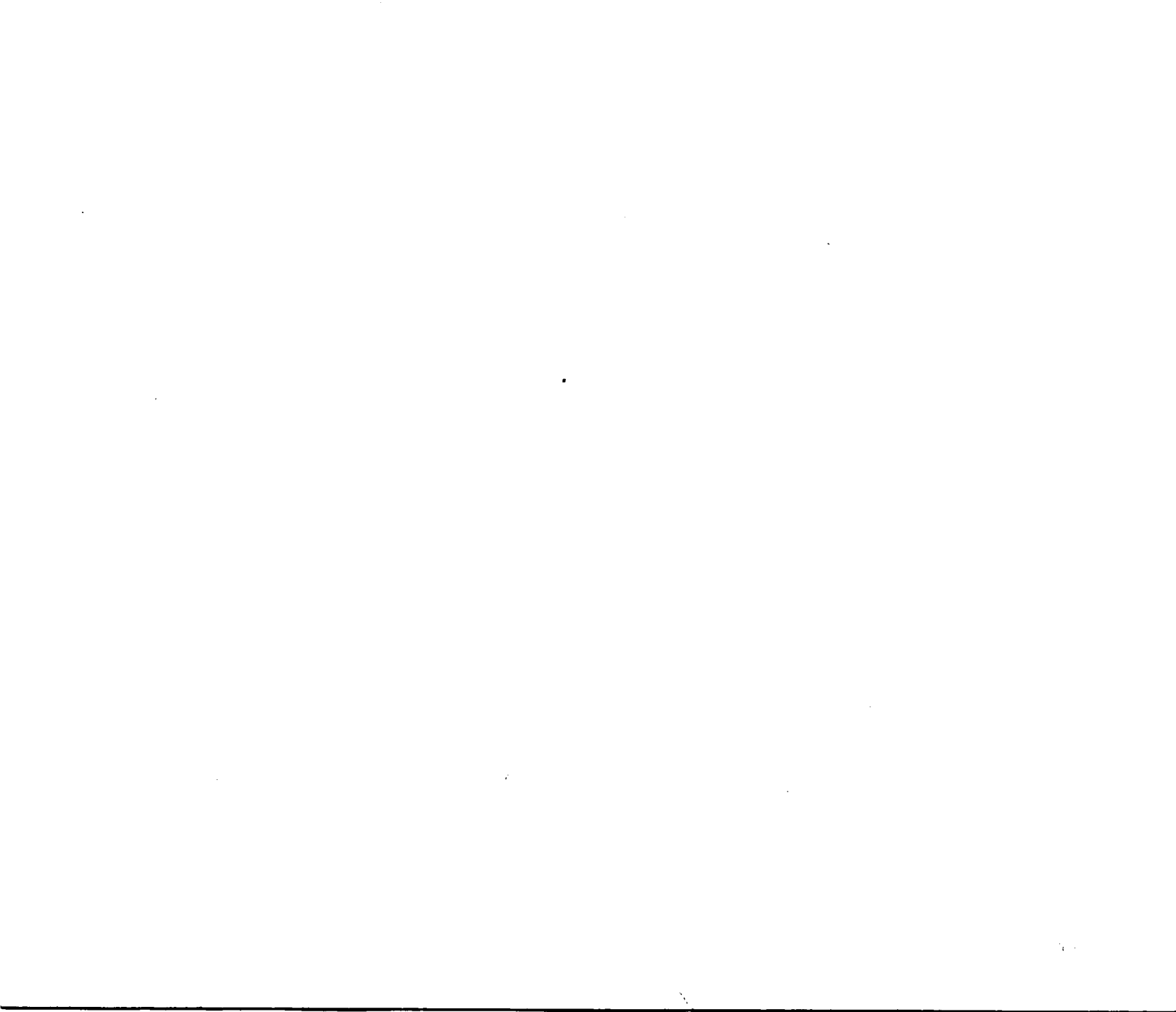
SEP 20 1976

RECEIVED 1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
OCT 31 1957
State of Idaho

State File No. _____
Local Reg. No. 296
Reg. Dist. No. 370

150

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY OR TOWN <u>Boise</u>		c. CITY OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3010 Hester Street</u>	
3. CHILD'S NAME (Type or Print) <u>MICHAEL DOUGLAS RHODES</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 14, 1957</u>
7. FATHER'S NAME a. (First) <u>Jim</u> b. (Middle) <u>R.</u> c. (Last) <u>Rhodes</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Texas</u>	11a. USUAL OCCUPATION <u>Miner</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Barbara</u> b. (Middle) <u>Lee</u> c. (Last) <u>Covert</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Alliance, Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Jim R. Rhodes</u>			
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date _____	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>not known.</u> 20b. MATERNAL CAUSES <u>not known.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Bruch extraction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>830 P.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <u>Max D. Edmundson M.D.</u> 23b. DATE SIGNED <u>10-19-57</u> 23c. ATTENDANT'S ADDRESS _____ 23d. SIGNATURE OF AUTHORIZED OFFICIAL _____ 23e. TITLE _____	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>10/18/57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale Memorial Park</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-24-57</u>		26. FUNERAL DIRECTOR ADDRESS <u>SUMMERS FUNERAL HOME Boise, Idaho</u> <u>R. D. McMurtry</u>	



RECEIVED
CERTIFICATE OF STILLBIRTH

NOV 19 1957

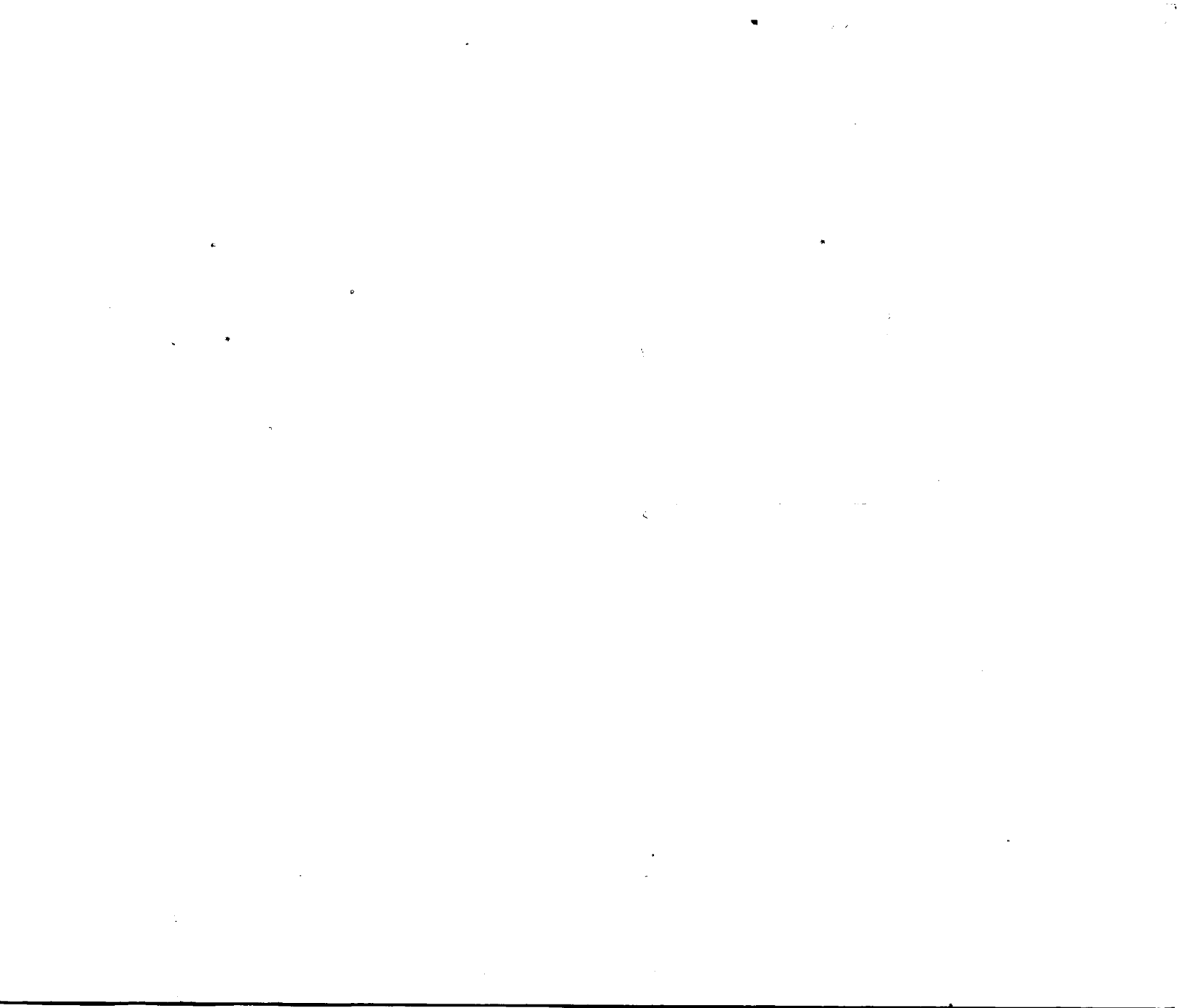
State of Idaho

State File No. 151

Local Reg. No. 412

Reg. Dist. No. 270

1. PLACE OF STILLBIRTH a. COUNTY Ada b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise d. STREET ADDRESS (If rural, give location) 2824 Kathryn St.	
3. CHILD'S NAME (Type or Print) KENNETH LEE LINDT JR.			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 27, 1957
7. FATHER'S NAME a. (First) Kenneth b. (Middle) Lee c. (Last) Lindt		8. COLOR OR RACE White	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Rockford, Colorado	11a. USUAL OCCUPATION Airman	11b. KIND OF BUSINESS OR INDUSTRY U.S. Airforce
12. MOTHER'S MAIDEN NAME a. (First) Ruby b. (Middle) Ann c. (Last) Echholz		13. COLOR OR RACE White	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Glenms Ferry, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Kenneth L. Lindt</i>			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>Abruptio Placenta</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Abruptio Placenta</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Cesarean Section</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>[Signature]</i> (Specify if M.D., midwife, or other)	23b. DATE/SIGNED 11/2/57
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11/4/57	25c. NAME OF CEMETERY OR CREMATORY Cloverdale	25d. LOCATION (City, town, or county) (State) Boise, Ada, Idaho
DATE REC'D BY LOCAL REG. 11-8-57	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR ADDRESS <i>P. R. McMurtry</i> Boise, Idaho SUMMERS FUNERAL HOME	



(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
NOV 8 1957 State of Idaho

152
State File No.
Local Reg. No. 25
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>394 Warren</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u> d. STREET ADDRESS (If rural, give location) <u>394 Warren</u>	
3. CHILD'S NAME (Type or Print) BABY BOY SMITH			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 11, 1957</u>			
7. FATHER'S NAME a. (First) b. (Middle) c. (Last) <u>Unknown</u>		8. COLOR OR RACE <u>Unknown</u>	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Patricia</u> b. (Middle) c. (Last) <u>Smith</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>One</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>
17. INFORMANT <u>Patricia Smith</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH <u>not done</u> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>John R. McMahon</u> 23c. ATTENDANT'S ADDRESS	
23b. DATE SIGNED		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>OCT 14 1957</u>	REGISTRAR'S SIGNATURE <u>Gene Albright</u>		26. FUNERAL DIRECTOR ADDRESS <u>Paul R. H. Parnock, Pocatello, Idaho</u>

(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
OCT 30 1957 **State of Idaho**

State File No.
Local Reg. No. 39
Reg. Dist. No. 130

1. PLACE OF STILLBIRTH a. COUNTY <u>Benedict</u> b. CITY OR TOWN <u>St. Maries</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Maries Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Benedict</u> c. CITY OR TOWN <u>St. Maries</u> d. STREET ADDRESS (If rural, give location) <u>-</u>	
3. CHILD'S NAME ((Type or Print)) <u>RANDY Lee Lindell</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept. 26 1957</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>Robert</u> c. (Last) <u>Lindell</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>WASHINGTON</u>	11a. USUAL OCCUPATION <u>laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>-</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Elsie</u> b. (Middle) <u>Myrtle</u> c. (Last) <u>DeVaux</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>WASHINGTON</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Elna C. DeVaux</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>June 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>True knot in umbilical cord</u> 20b. MATERNAL CAUSES <u>Placental infarction</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3</u> <u>M.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>B. G. Stapp M.D.</u>	23b. DATE SIGNED <u>10-16-57</u>
23c. ATTENDANT'S ADDRESS <u>St. Maries, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	25b. DATE <u>Sept. 27, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	25d. LOCATION (City, town, or county) (State) <u>St. Maries Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-21-57</u>	REGISTRAR'S SIGNATURE <u>Jean R. Hawley</u>	26. FUNERAL DIRECTOR <u>Gerard Browning</u>	ADDRESS <u>St. Maries, Idaho</u>

RECEIVED

(1949 Revision of Standard Certificate)

T 24 1957

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

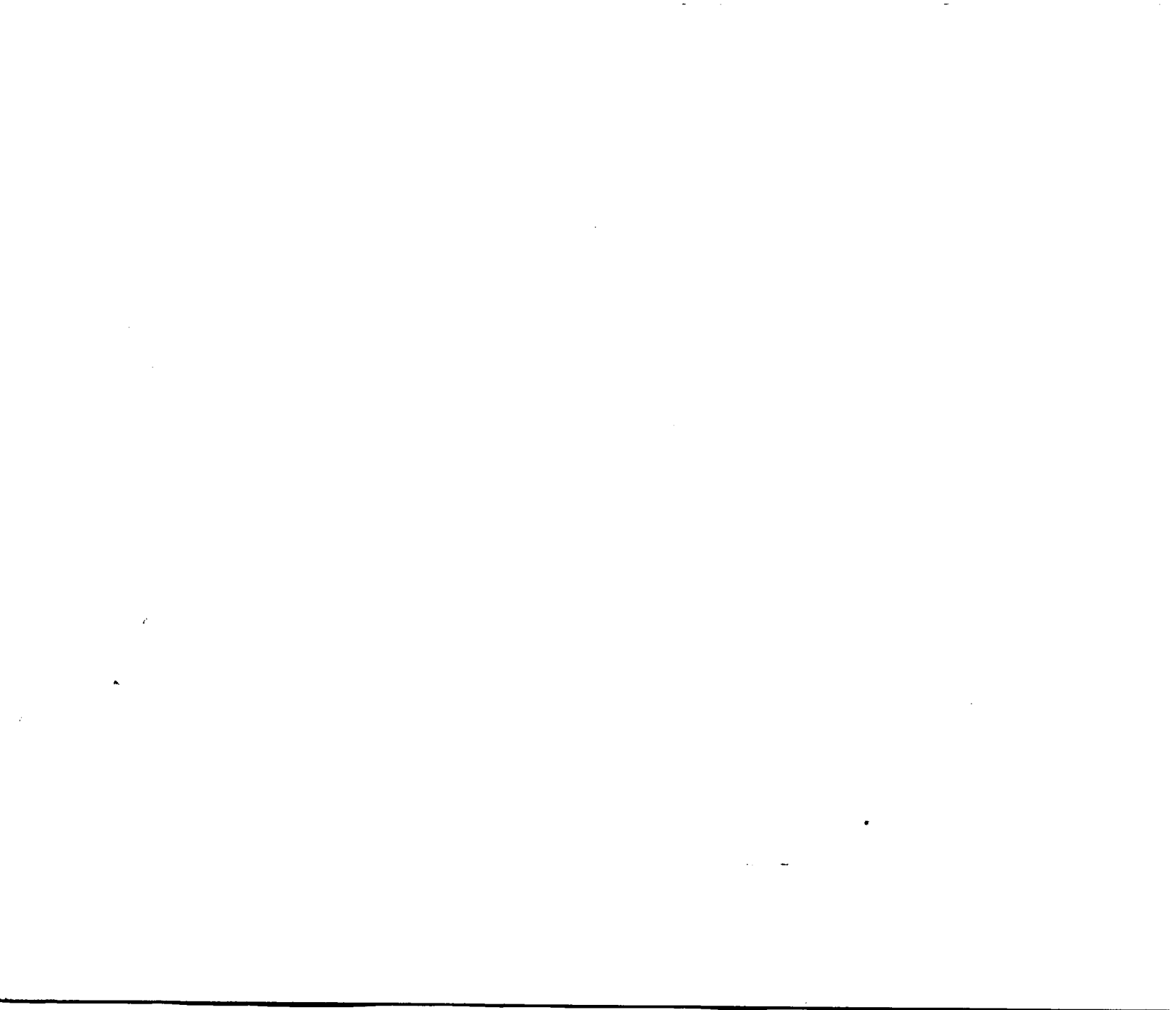
State of Idaho

State File No. 154

Local Reg. No. 427

Reg. Dist. No. 622

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Bingham			a. STATE Idaho b. COUNTY Bingham		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospital			d. STREET ADDRESS (If rural, give location) Route #2		
3. CHILD'S NAME (Type or Print) Not Named					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 17, 1957		
7. FATHER'S NAME		a. (First) Dee	b. (Middle) Chester	c. (Last) Wadsworth	8. COLOR OR RACE White
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Shelley, Idaho	11a. USUAL OCCUPATION Sheet Metal Mechanic		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME		a. (First) Uva	b. (Middle) Jeane	c. (Last) Taylor	13. COLOR OR RACE White
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
		a. How many children are now living? Two	b. How many children were born alive but are now dead? None	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mrs. Dee Wadsworth Mother					
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH ? LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)					
20a. FETAL CAUSES Could not be determined		20b. MATERNAL CAUSES None			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:00 P.m.			23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [Signature]		23b. DATE SIGNED 10 19 57
			23c. ATTENDANT'S ADDRESS Blackfoot, Idaho	If NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 10-17-57	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial Hospital		25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho	
DATE REC'D BY LOCAL REG. Oct. 21 1957		REGISTRAR'S SIGNATURE [Signature] (acting)		26. FUNERAL DIRECTOR [Signature] ADDRESS	



(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH

NOV 5 1957

State of Idaho

State File No. 155

Local Reg. No. 202

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE California b. COUNTY Mariposa	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Yosemite Natioanl Park	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart Hospital		d. STREET ADDRESS (If rural, give location) District No. 1	
3. CHILD'S NAME (Type or Print) Infant ROBINSON			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) September 8, 1957
7. FATHER'S NAME a. (First) Arthur b. (Middle) Ray c. (Last) Robinson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) California	11a. USUAL OCCUPATION Personnel	11b. KIND OF BUSINESS OR INDUSTRY Atomic Power
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Janis c. (Last) Whitlow		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Colorado	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Arthur Robinson</i>			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 4/57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Ante natal death - Cause undetermined</i> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Twin pregnancy</i>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 332 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>James P. Carey M.D.</i> 23b. DATE SIGNED 10/9/57	
23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Orland C. Buck</i> TITLE M. D.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept. 10, 1957	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. October 29-1957		26. GENERAL DIRECTOR <i>Orland C. Buck</i> ADDRESS Idaho Falls, Idaho	

1000000

RECEIVED

(1949 Revision of Standard Certificate)

NOV

5 1957

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

156

1. PLACE OF STILLBIRTH (If outside corporate limits, write RURAL and give township) a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart Hospital		d. STREET ADDRESS (If rural, give location) 141 Morningside Drive	
3. CHILD'S NAME (Type or Print) INFANT WALLBER			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 14 1957
7. FATHER'S NAME a. (First) Fred b. (Middle) E. c. (Last) Wallber		8. COLOR OR RACE White	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Wisconsin	11a. USUAL OCCUPATION Physician & Surgeon	11b. KIND OF BUSINESS OR INDUSTRY Private Practise
12. MOTHER'S MAIDEN NAME a. (First) BETTY b. (Middle) Jane c. (Last) Willson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 35 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 5/57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES Antenatal death - cause undetermined	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:15 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. R. Carey M.D. 23c. ATTENDANT'S ADDRESS Idaho	
23b. DATE SIGNED 10/21/57		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct. 19, 1957	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls Idaho
DATE REC'D BY LOCAL REG. October 29 - 1957		26. FUNERAL DIRECTOR ADDRESS Idaho Falls, Idaho	

Mr. Carey

(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
OCT 21 1957
State of Idaho

State File No. 157
Local Reg. No. 32
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Caldwell Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crouch</u> d. STREET ADDRESS (If rural, give location) _____	
3. CHILD'S NAME ((Type or Print)) <u>Ward</u>			
4. SEX SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 5, 1957</u>
7. FATHER'S NAME a. (First) <u>Earle</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Ward</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) YEARS _____	10. BIRTHPLACE (State or foreign country) <u>Asotin, Washington</u>	11a. USUAL OCCUPATION _____	11b. KIND OF BUSINESS OR INDUSTRY _____
12. MOTHER'S MAIDEN NAME a. (First) <u>Stella</u> b. (Middle) <u>Mae</u> c. (Last) <u>Ireland</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) YEARS _____	15. BIRTHPLACE (State or foreign country) <u>Bridgeport, Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? _____ b. How many children were born alive but are now dead? _____ c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? _____	
17. INFORMANT <u>Earle L. Ward</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature Infant Multiple white infarcts of Placenta</u> 20b. MATERNAL CAUSES <u>Toxemia of Pregnancy</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Toxemia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Hester Marie Ward</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>10/11/57</u>
23c. ATTENDANT'S ADDRESS <u>Caldwell</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Merville D. Davis</u> TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>October 7, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Middleton Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Middleton, Idaho</u>
DATE REC'D BY LOCAL REG. <u>10/16/57</u>	REGISTRAR'S SIGNATURE <u>Agnes M. Donnan</u>	26. FUNERAL DIRECTOR <u>Peckham-Dakan-Davis Chapel</u> <u>Caldwell, Idaho</u>	

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middleton</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 38</u>	
3. CHILD'S NAME (Type or Print) <u>Larry Tyler Tally</u>			
4. SEX <u>MALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>10-13-57</u>
7. FATHER'S NAME a. (First) <u>Paul</u>	b. (Middle) <u>Tyler</u>	c. (Last) <u>Tally</u>	8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Missouri</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Union Pacific Railroad</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Alice</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Nielsen</u>	13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Alice Louise Tally, mother</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Aug 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u>	
		20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:30</u> a.m.		23a. ATTENDANT'S SIGNATURE <u>Walter E. Reynolds MD</u>	23b. DATE SIGNED <u>Oct 16-1957</u>
23c. ATTENDANT'S ADDRESS <u>222 E Logan</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Merville O Davis</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>10-14-57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Middleton Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Middleton, Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-25-57</u>	REGISTRAR'S SIGNATURE <u>Agnes M. Lemman</u>	26. FUNERAL DIRECTOR <u>Pechman Dakan Davis Chapel</u> <u>Caldwell, Idaho</u>	

RECEIVED
OCT 21 1957

(1949 Revision of Standard Certificate)

NOTIFICATE OF STILLBIRTH

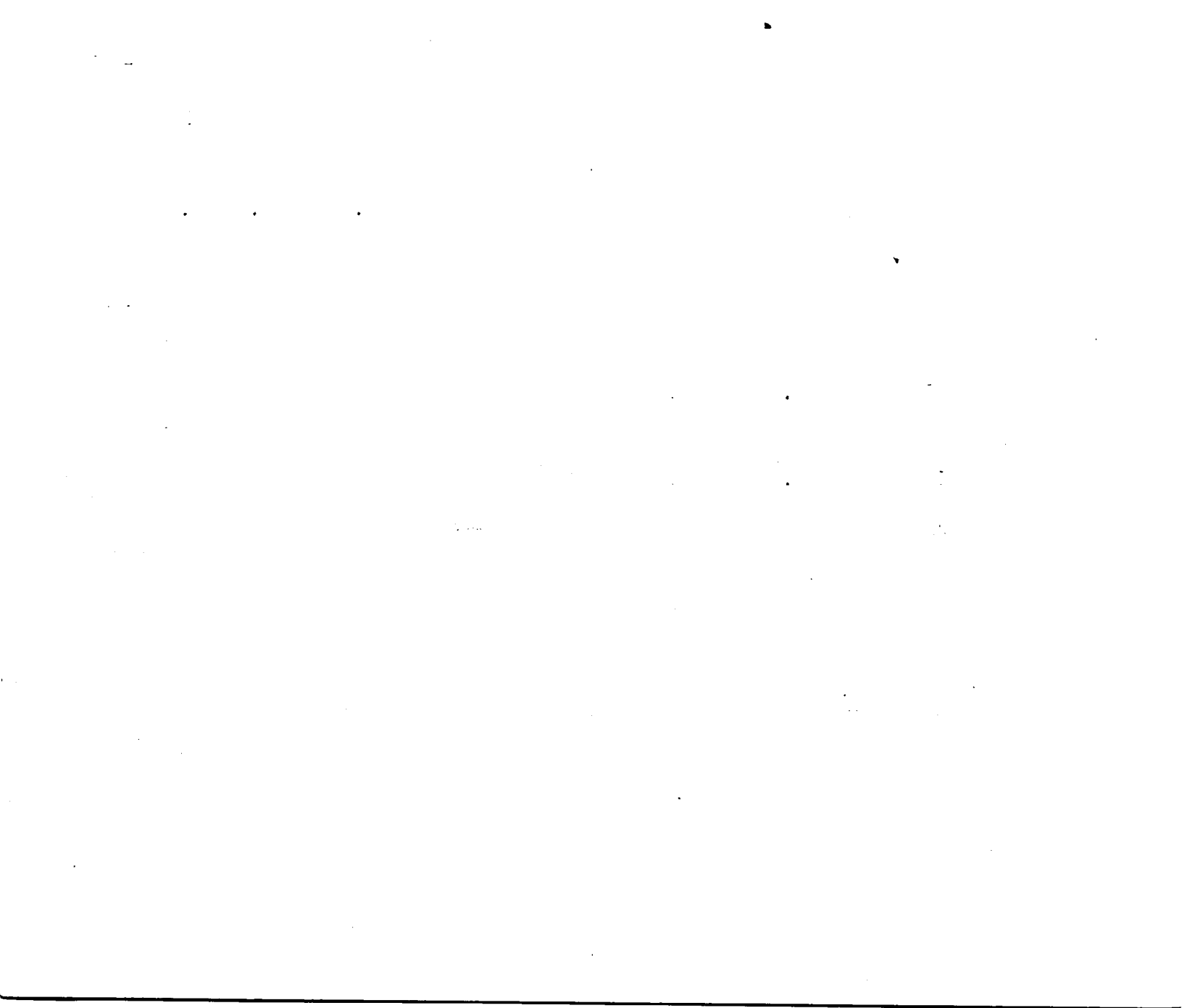
State of Idaho

State File No. 159

Local Reg. No. 36

Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH (Department of Vital Statistics)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY ELMORE		a. STATE IDAHO b. COUNTY ELMORE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME AIR FORCE BASE, IDA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4165TH USAF HOSPITAL		d. STREET ADDRESS (If rural, give location) 1252 E. THIRD N., APT. 10	
3. CHILD'S NAME (Type or Print) CATHY DIXON			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) OCTOBER 5, 1957
7. FATHER'S NAME a. (First) MURRAY b. (Middle) RAY c. (Last) DIXON		8. COLOR OR RACE WH	
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) N. CAROLINA, COLUMBIA	11a. USUAL OCCUPATION USAF	11b. KIND OF BUSINESS OR INDUSTRY USAF
12. MOTHER'S MAIDEN NAME a. (First) VIRGINIA b. (Middle) DARE c. (Last) BRINSON		13. COLOR OR RACE WH	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) N. CAROLINA, SCOTLAND	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? NONE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT <i>Murray R Dixon</i>			
18a. LENGTH OF PREGNANCY 35 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 1 MAY 57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES ABRUPTIO PLACENTA	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR ALBUMINURIA - 1 WEEK PRIOR HEMORRHAGE - PREPARTUM		22. STATE ALL OPERATIONS FOR DELIVERY CAESARIAN SECTION	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:19A m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>R. Thomas Holzach M.D.</i>	
23c. ATTENDANT'S ADDRESS MT HOME AFB, IDAHO		23b. DATE SIGNED 7 OCT 57	
25a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		25b. DATE 10-8-57	
25c. NAME OF CEMETERY OR CREMATORY Memorial Crematory		25d. LOCATION (City, town, or county) (State) BOISE, Idaho	
DATE REC'D BY LOCAL REG. Oct 8 1957		26. FUNERAL DIRECTOR ADDRESS <i>Arthur Smith</i> Mtn. Home Idaho <i>Bay Mortuary, Inc.</i>	

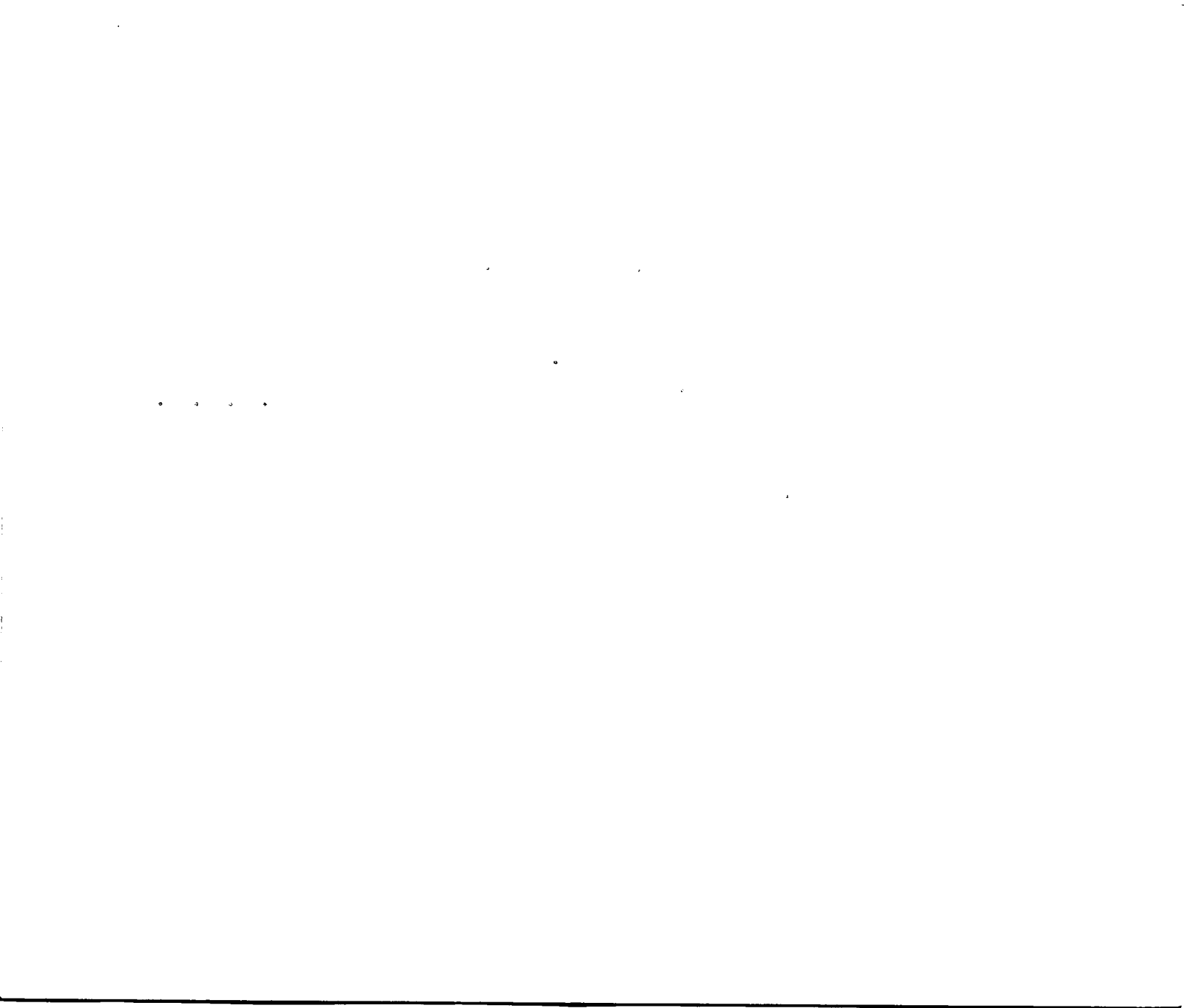


RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

NOV 18 1957

State File No. 160
Local Reg. No. 36
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY Elmore				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Elmore			
b. CITY (If outside corporate limits, write RURAL and give township) OR Mountain Home TOWN				c. CITY (If outside corporate limits, write RURAL and give township) OR Mountain Home TOWN			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Elmore Memorial Hospital INSTITUTION				d. STREET ADDRESS (If rural, give location) Mounted Route #1			
3. CHILD'S NAME (Type or Print) Albert A. Puhlman, Jr.							
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) October 19 1957		
7. FATHER'S NAME a. (First) Albert b. (Middle) A. c. (Last) Puhlman		8. COLOR OR RACE white					
9. AGE (At time of this birth) 21 YEARS		10. BIRTHPLACE (State or foreign country) North Dakota		11a. USUAL OCCUPATION A/IClass		11b. KIND OF BUSINESS OR INDUSTRY U. S. A. F.	
12. MOTHER'S MAIDEN NAME a. (First) Louise b. (Middle) Cecile c. (Last) Fortin		13. COLOR OR RACE white					
14. AGE (At time of this birth) 17 YEARS		15. BIRTHPLACE (State or foreign country) St. John's, Quebec, Canada		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT <i>Mrs. Louise Puhlman</i>							
18a. LENGTH OF PREGNANCY 36 WEEKS		18b. WEIGHT AT BIRTH not weighed LBS. 8 OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prematurity, premature separation of placenta 20b. MATERNAL CAUSES Unk. (poss. Asian influenza)					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature labor see 20a.				22. STATE ALL OPERATIONS FOR DELIVERY Surgical extraction of fetus			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:16 p.m.		23a. ATTENDANT'S SIGNATURE <i>Thomas J. [Signature]</i>		(Specify if M. D., midwife, or other)		23b. DATE SIGNED Oct. 24 '57	
23c. ATTENDANT'S ADDRESS Mt. Home, Idaho		IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Arthur Smith</i>		TITLE Bay Mortuary	
25a. BURIAL, CREMATION, REMOVAL (Specify) Buried		25b. DATE 10-25-57		25c. NAME OF CEMETERY OR CREMATORY Mt. View Cem.		25d. LOCATION (City, town, or county) (State) Mt. Home, Idaho	
DATE REC'D BY LOCAL REG. Nov 2 1957		REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. FUNERAL DIRECTOR Arthur Smith		ADDRESS Bay Mortuary Mt. Home, Idaho	



RECEIVED

1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

NOV 18 1957

State of Idaho

State File No. 161

Local Reg. No. 37-

Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH a. COUNTY Elmore			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Elmore		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home		
c. FULL NAME OF HOSPITAL OR INSTITUTION Elmore Memorial Hospital			d. STREET ADDRESS (If rural, give location) Moore's Trailer Court		
3. CHILD'S NAME (Type or Print) Diane Sterner					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 23 1957		
7. FATHER'S NAME a. (First) John b. (Middle) Calvin c. (Last) Sterner, Jr.		8. COLOR OR RACE White			
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Hanover, Penn.	11a. USUAL OCCUPATION Airman	11b. KIND OF BUSINESS OR INDUSTRY U.S.A.F.		
12. MOTHER'S MAIDEN NAME a. (First) Margaret b. (Middle) Mary c. (Last) Jones		13. COLOR OR RACE White			
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) St. Johns, Newfoundland	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT x John C Sterner Jr.					
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH not weighed LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Complete premature separation of placenta			
		20b. MATERNAL CAUSES Unknown: poss. Cerebral In/Injury			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR In/Injury			22. STATE ALL OPERATIONS FOR DELIVERY none		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:30 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Thomas J. [Signature]		23b. DATE SIGNED Oct. 24, 1957	
23c. ATTENDANT'S ADDRESS Mountain Home, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Arthur Smith		TITLE Bay Mortuary	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 10-25-57	25c. NAME OF CEMETERY OR CREMATORY Mtn. View Cem.		25d. LOCATION (City, town, or county) (State) Mtn. Home Idaho	
DATE REC'D BY LOCAL REG. Nov 2 1957	REGISTRAR'S SIGNATURE [Signature]		26. FUNERAL DIRECTOR ADDRESS Arthur Smith Bay Mortuary Mtn. Home, Idaho		

RECEIVED

(1949 Revision of Standard Certificate)

OCT 14 1957 CERTIFICATE OF STILLBIRTH

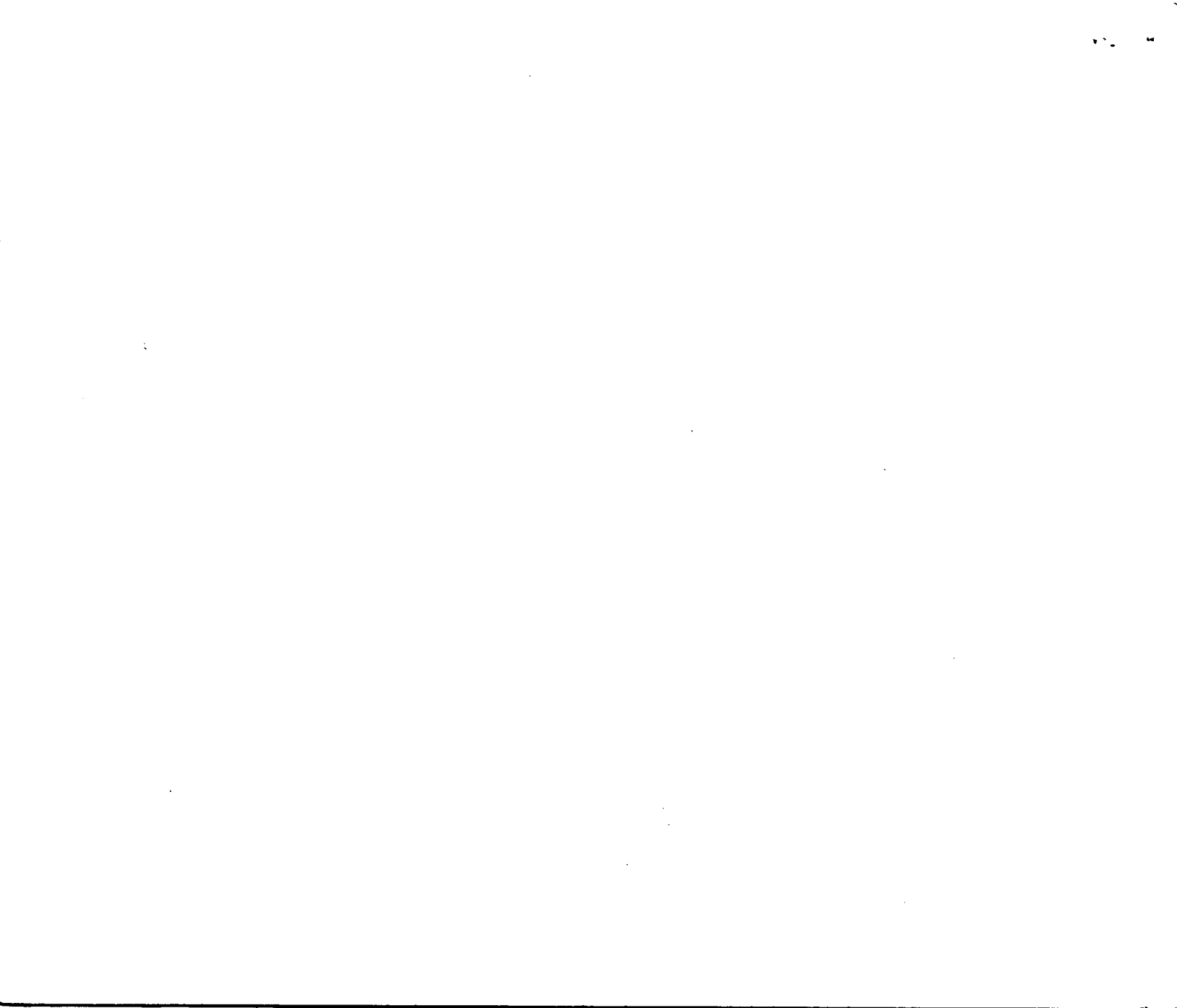
Division of Vital Statistics State of Idaho

State File No. 162

Local Reg. No. 56

Reg. Dist. No. 6.51

1. PLACE OF STILLBIRTH a. COUNTY <u>Fremont</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Fremont</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashton</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ashton Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) _____			
4. SEX <u>Boy</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 4, 1957</u>
7. FATHER'S NAME a. (First) <u>Fred</u> b. (Middle) <u>William</u> c. (Last) <u>Griffel</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Squirrel, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Sharon</u> b. (Middle) <u>Marie</u> c. (Last) <u>Kerbs</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Wilford, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Sharon Griffel</u> (Mother)			
18a. LENGTH OF PREGNANCY <u>29</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>August 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Not Known</u>		
	20b. MATERNAL CAUSES <u>Not Known</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:47 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>	
23b. DATE SIGNED <u>Oct. 5, 1957</u>		23c. ATTENDANT'S ADDRESS <u>Ashton, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>8 Oct 57</u>		26. FUNERAL DIRECTOR ADDRESS <u>[Signature]</u>	



RECEIVED

Revision of Standard Certificate)

OCT 24 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

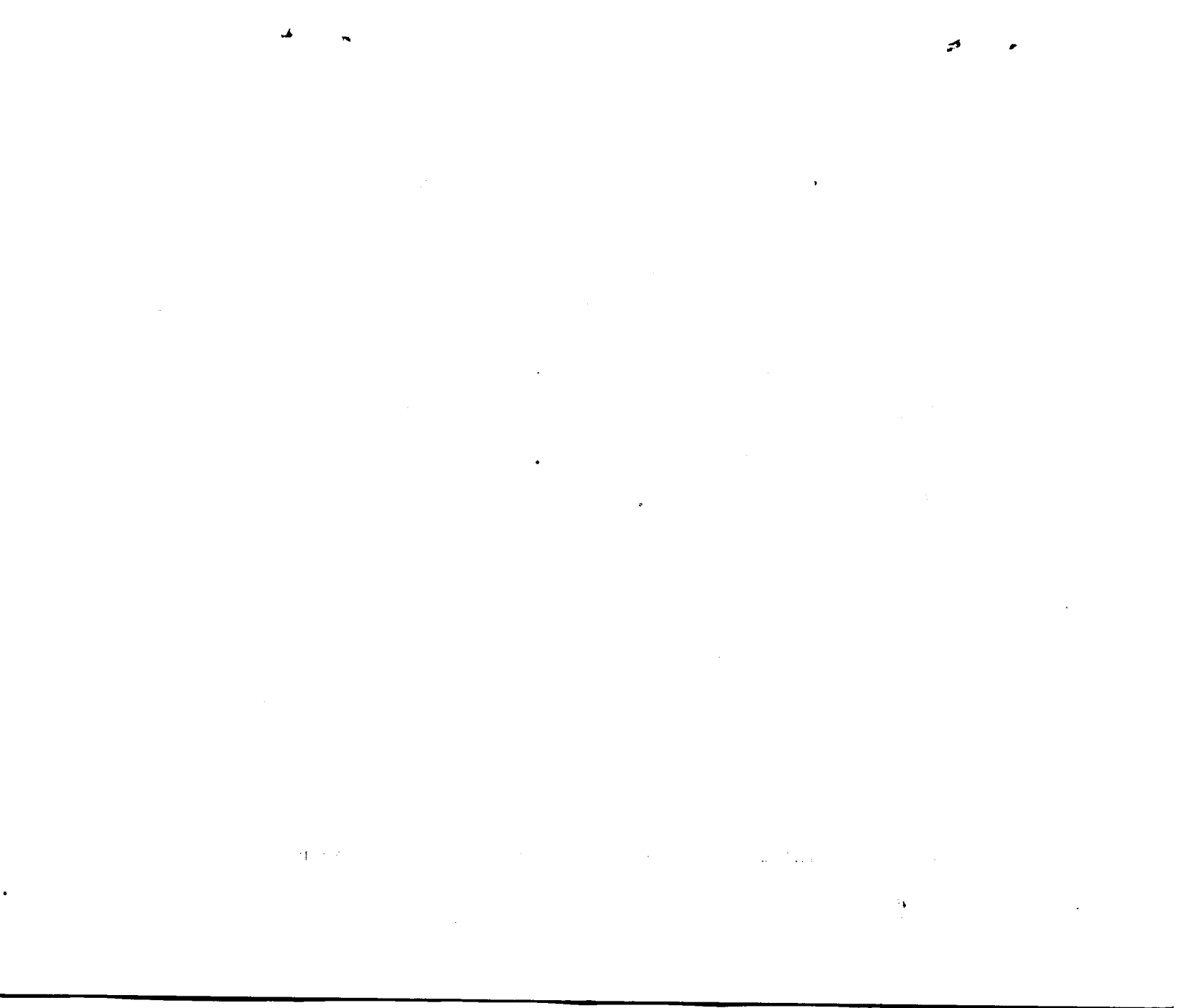
Local Reg. No.

Reg. Dist. No. 12

163

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Kootenai			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Best Falls Idaho		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City Gen			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) Ricky Allan Fergar					
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 9 23 57		
7. FATHER'S NAME a. (First) William b. (Middle) D. c. (Last) Fergar		8. COLOR OR RACE W			
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Teacher	11b. KIND OF BUSINESS OR INDUSTRY Grade School		
12. MOTHER'S MAIDEN NAME a. (First) Lila b. (Middle) J. c. (Last) Prichard		13. COLOR OR RACE W			
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Wis.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None			
17. INFORMANT					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 2-22-57			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None			22. STATE ALL OPERATIONS FOR DELIVERY None		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) June Bumpstead M.D.		23b. DATE SIGNED 9-25-57	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL (NOT attended by physician) By Hank Morse	TITLE		
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9-24-57	25c. NAME OF CEMETERY OR CREMATORY Rest Lawn Memorial Park	25d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho		
DATE REC'D BY LOCAL REG. 10/16/57	REGISTRAR'S SIGNATURE Lorraine K. Brush	26. FUNERAL DIRECTOR Yates-Morse Funeral Home ADDRESS Coeur d'Alene Ida.			



DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Ricky Allan Forger
now lying buried in Rest Lawn Memorial Park Cemetery, in the City or Town of Coeur d'Alene
Stillborn
County of Kootenai State of Idaho, who ~~died~~ on the 23 day of September, 1957, Aged _____ years _____ months
_____ days, the cause of death being Stillborn and
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever
or yellow fever as shown by the certificate of death of said deceased, given by
Dr. Gumprecht attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
Infant Garden private or railway conveyance
to Restlawn Memorial Cemetery in the City or Town of Coeur d'Alene County of Kootenai
State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Kootenai it being understood and provided that nothing herein shall be deemed as contravening or in
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to: this 13th day of May, A.D. 19 58.
Restlawn Memorial Park, Inc.
403 Lakeside Avenue
Coeur d'Alene, Idaho

W. W. Benson
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,
Town or County of _____ State of Idaho, this _____ day of _____, 19____.

Health Officer

TITLE 39, CHAPTER 2, VOL. 7 OF THE IDAHO CODE

Sec. 39-211. No body shall be disinterred within the State of Idaho except upon a permit granted by the State Board of Health. The forms of disinterment permits shall be prepared by the State Board of Health. Disinterment and removal must be done under the personal supervision of a licensed embalmer, and must be done at an hour when there is the least possible exposure. Only such persons as are actually necessary shall be present. The coffin shall not be opened either at place of disinterment or place of destination, except special permit be issued by the State Board of Health. And in case of disinterment of bodies dead by reason of contagious and infectious diseases, as shown by the certificate of death given by the attending physician, the sexton and all other persons engaged in such removal or being present shall immediately thereafter change their clothing and properly disinfect their hands, head and face, provided, that such disinterment may also be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every permit: provided, also, that in case of any contagious and infectious disease where remains are to be shipped to points in other states, permission must first be obtained from the Secretary of State Board of Health of such State. The State Board of Health may also issue a special disinterment permit for legal purposes. This permit for legal purposes shall be granted only upon application of a prosecuting attorney or the Attorney General of this State, stating therein such facts which make it evident to the State Board of Health that the ends of justice require that disinterment be permitted. Such special disinterment for legal purposes shall be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every such special disinterment permit for legal purposes.

RECEIVED

(1949 Revision of Standard Certificate)

NOV 14 1957

State of Idaho

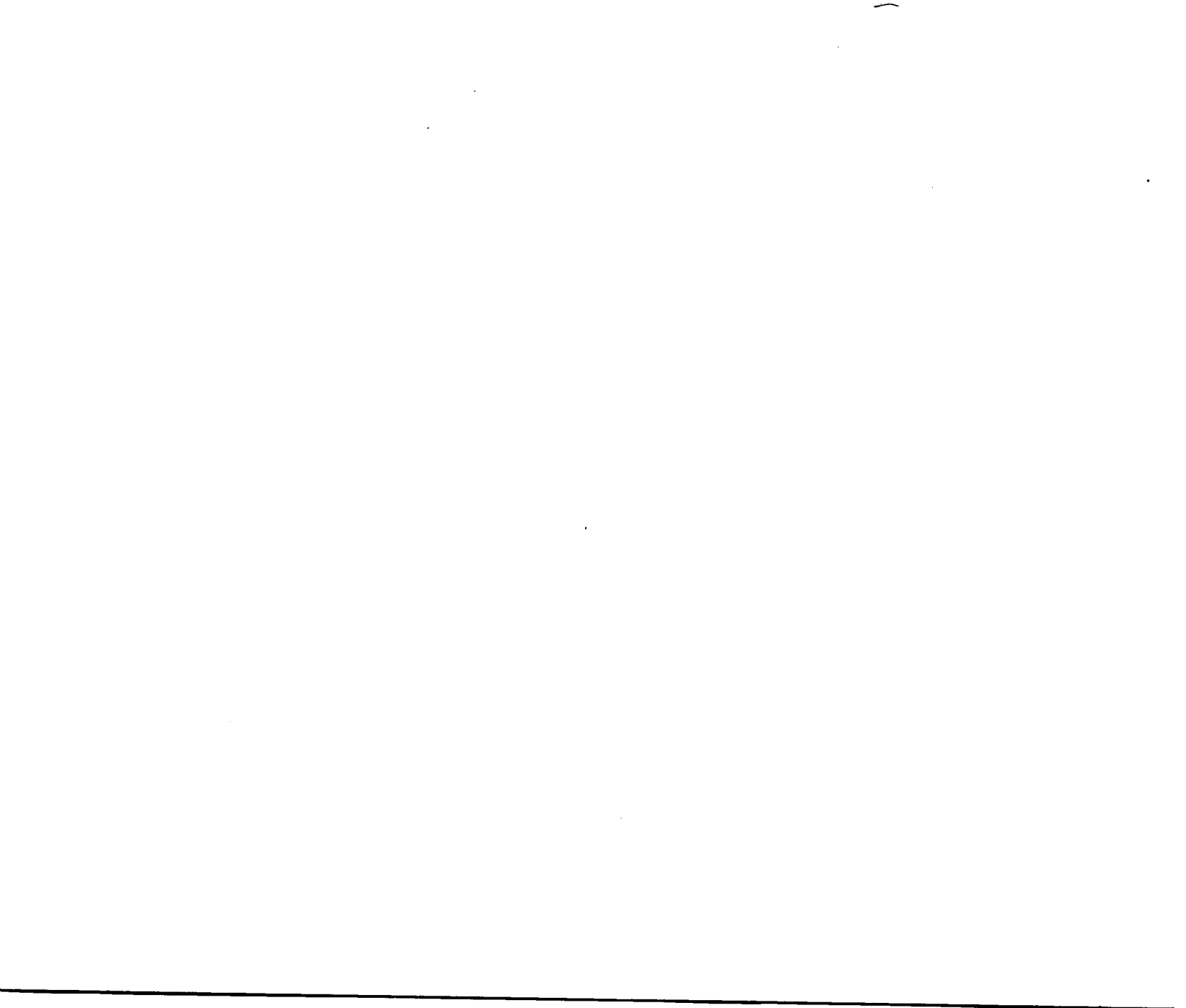
State File No. 164
Local Reg. No. 16
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Fremont</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Anthony</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Madison Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 20, 1957</u>
7. FATHER'S NAME a. (First) <u>Leith</u>		b. (Middle) <u>Bradshaw</u>	
c. (Last) <u>Leith</u>		8. COLOR OR RACE <u>cauc.</u>	
9. AGE (At time of this birth) <u>33</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>St. Anthony, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Helen</u>		b. (Middle) <u>Ardis</u>	
c. (Last) <u>Pitman</u>		13. COLOR OR RACE <u>cauc.</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Torrington, Wyoming</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Helen Bradshaw</u>			
18a. LENGTH OF PREGNANCY <u>29</u> WEEKS	18b. WEIGHT AT BIRTH <u>not weighed</u> LBS. <u>macerated</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Constriction of umbilical cord - Cause unknown</u>		20a. FETAL CAUSES	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Fetus dead in utero 1 mo. prior to delivery</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:43</u> a. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>William H. Cooney</u> M.D.	
23b. DATE SIGNED <u>10-27-57</u>		23c. ATTENDANT'S ADDRESS <u>Rexburg, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Leona Flamm</u>		TITLE <u>Medical Director</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>	25b. DATE <u>March 20, '57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Madison Memorial Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u>Rexburg, Idaho</u>
DATE REC'D BY LOCAL REG. <u>3-20-57</u>	REGISTERAR'S SIGNATURE <u>Leona Flamm</u>	26. FUNERAL DIRECTOR ADDRESS <u>Madison Memorial Hosp.</u>	

RECEIVED
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
OCT 16 1957 State of Idaho

State File No. **165**
Local Reg. No. **64**
Reg. Dist. No. **452**

1. PLACE OF STILLBIRTH a. COUNTY Minidoka		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Minidoka	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rupert General Hospital		d. STREET ADDRESS (If rural, give location) 513 A Street	
3. CHILD'S NAME (Type or Print) Stillborn Boy			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct 14 1957
7. FATHER'S NAME Ralph Feltwell		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Caldwell Idaho	11a. USUAL OCCUPATION Auto Repairman	11b. KIND OF BUSINESS OR INDUSTRY Garage
12. MOTHER'S MAIDEN NAME Jpy M Schofield		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Rupert Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Ralph D Feltwell			
18a. LENGTH OF PREG- NANCY 36 WEEKS	18b. WEIGHT AT BIRTH 5 lbs. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES ProLapse Cord; Hydrocephalus; Macrocephaly; 20b. MATERNAL CAUSES Nour	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hydramnios		22. STATE ALL OPERATIONS FOR DELIVERY Nour	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) W. L. James, M.D. 23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE oct 15 1957	25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery	25d. LOCATION (City, town, or county) (State) Rupert Idaho
DATE REC'D BY LOCAL REG. 10-14-57	REGISTRAR'S SIGNATURE Mary Ellen Carlson <i>by J. S. Deputy</i>	26. FUNERAL DIRECTOR ADDRESS Robert C Walk Rupert Idaho	



RECEIVED 1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

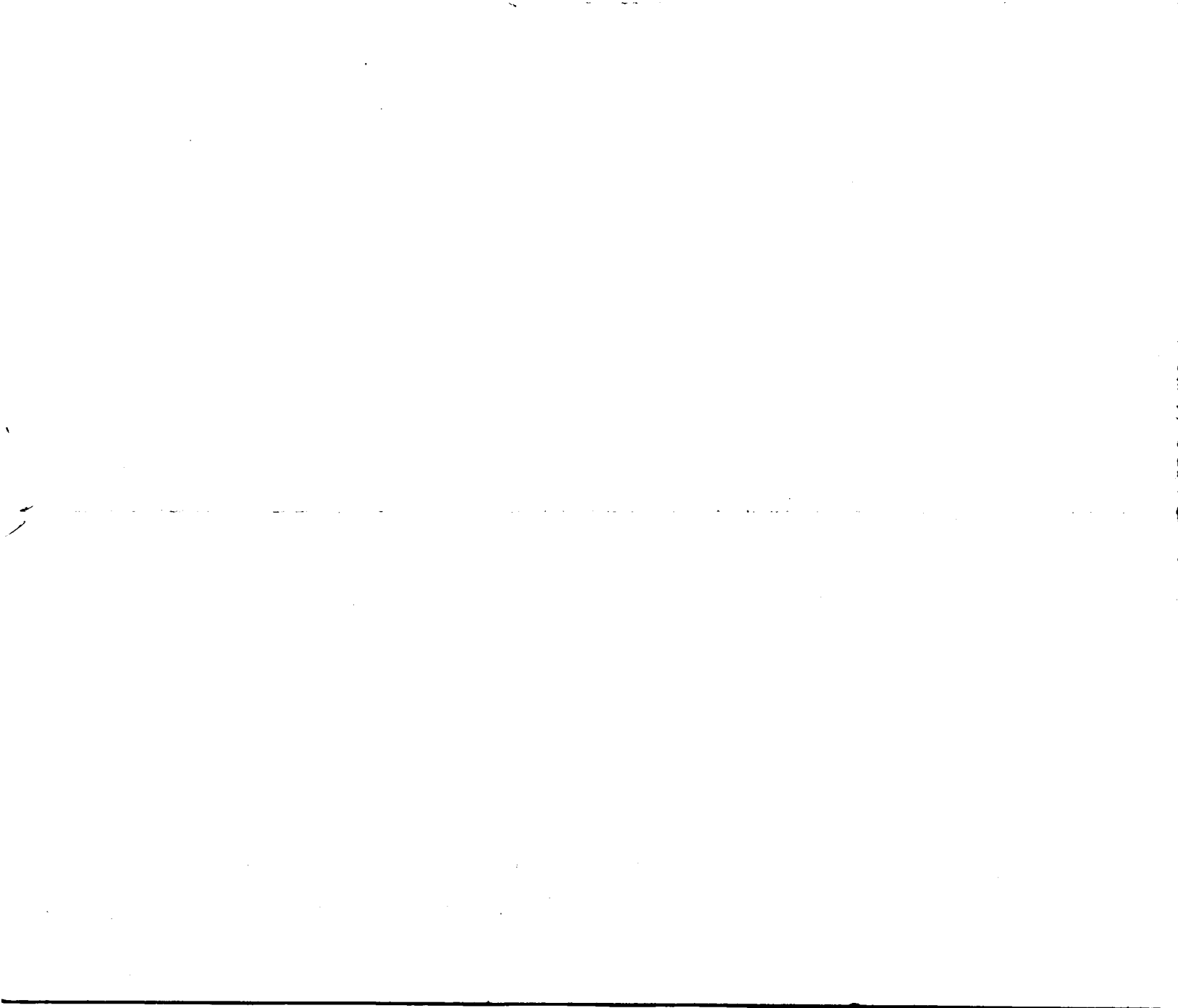
State File No. 166
Local Reg. No. 222
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY NezPerce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Wash b. COUNTY Asotin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkston	
c. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 1426-S.6th	
3. CHILD'S NAME (Type or Print) Patrica Ann Ward			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct 30 1957
7. FATHER'S NAME a. (First) James b. (Middle) c. (Last) Ward		8. COLOR OR RACE white	
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Culdesac, Idaho.	11a. USUAL OCCUPATION Saleman	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Ivora b. (Middle) c. (Last) Wittman		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Uniontown, Wash.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT James W. Ward			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Erythroblastosis Fetalis		
	20b. MATERNAL CAUSES RH. Neg. Titers 1:502 Clumping Antibodies		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:15 A.M.	23a. ATTENDANT'S SIGNATURE M.R. June MD.		23b. DATE SIGNED 10/31/57
	23c. ATTENDANT'S ADDRESS Lewiston, Ida	If NOT attended by physician <input checked="" type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE MD
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE Nov, 2, 1957	25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho.
DATE REC'D BY LOCAL REG. 11/4/57	REGISTRAR'S SIGNATURE Cora Kenner	26. FUNERAL DIRECTOR Vassar-Rawls Funeral Home ADDRESS [Address]	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 167
Local Reg. No. 108
Reg. Dist. No. 144

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenia</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wallace</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rose Lake</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Providence Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rose Lake, Idaho</u>		
3. CHILD'S NAME (Type or Print) <u>Marian McKinnis</u>				
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 1 1957</u>	
7. FATHER'S NAME a. (First) <u>George</u> b. (Middle) <u>Wesley</u> c. (Last) <u>McKinnis</u>		8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>42</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Wardner Idaho</u>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Phyllis</u> b. (Middle) <u>A</u> c. (Last) <u>Anderson</u>		13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Rose Lake Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>		
17. INFORMANT <u>H. Wesley McKinnis</u>				
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Erythroblastosis Fetalis</u>		20a. FETAL CAUSES <u>RH Negative</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:30 p.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Edith Swack M.D.</u>		23b. DATE SIGNED <u>10-3-57</u>
		23c. ATTENDANT'S ADDRESS <u>Wallace Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Grant M. Glade Kellogg Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>Oct 5, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rose Lake</u>	25d. LOCATION (City, town, or county) (State) <u>Rose Lake Kootenai Idaho</u>	
DATE REC'D BY LOCAL REG. <u>10-14-57</u>	REGISTRAR'S SIGNATURE <u>J. E. Irvine</u>		26. FUNERAL DIRECTOR <u>Grant M. Glade Kellogg Idaho</u>	



(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH

DEC 18 1957

State of Idaho

State File No. 168
Local Reg. No. 472
Reg. Dist. No. 270

1. PLACE OF STILLBIRTH a. COUNTY Ada b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser d. STREET ADDRESS (If rural, give location) 811 E. Main St.,	
3. CHILD'S NAME (Type or Print) TERESA MARIE BIERNASKY			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 19, 1957
7. FATHER'S NAME a. (First) Victor b. (Middle) c. (Last) Biernasky		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) New Haven, Conn.	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY City Of Weiser
12. MOTHER'S MAIDEN NAME a. (First) Beverly b. (Middle) c. (Last) Jones		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Weiser, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT J. Keith Jones			
18a. LENGTH OF PREGNANCY 42 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Hydrocephalus + Myelomeningocele		
	20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Decompression of fetal head and spontaneous delivery.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE James C. F. Chapman, M.D.	
		23b. DATE SIGNED Nov 26, 1957	
23c. ATTENDANT'S ADDRESS 310 Idaho St. Boise		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL J. Keith Jones
25a. BURIAL, CREMATION, REMOVAL (Specify) removal	25b. DATE 11-20-57	25c. NAME OF CEMETERY OR CREMATORY Hillcrest	25d. LOCATION (City, town, or county) (State) Weiser, Idaho
DATE REC'D BY LOCAL REG 12-18-57	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR J. Keith Jones ADDRESS Weiser, Idaho	

JAN 8 1958

R. Ward

PHS-797 (VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED

1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

DEC 16 1957

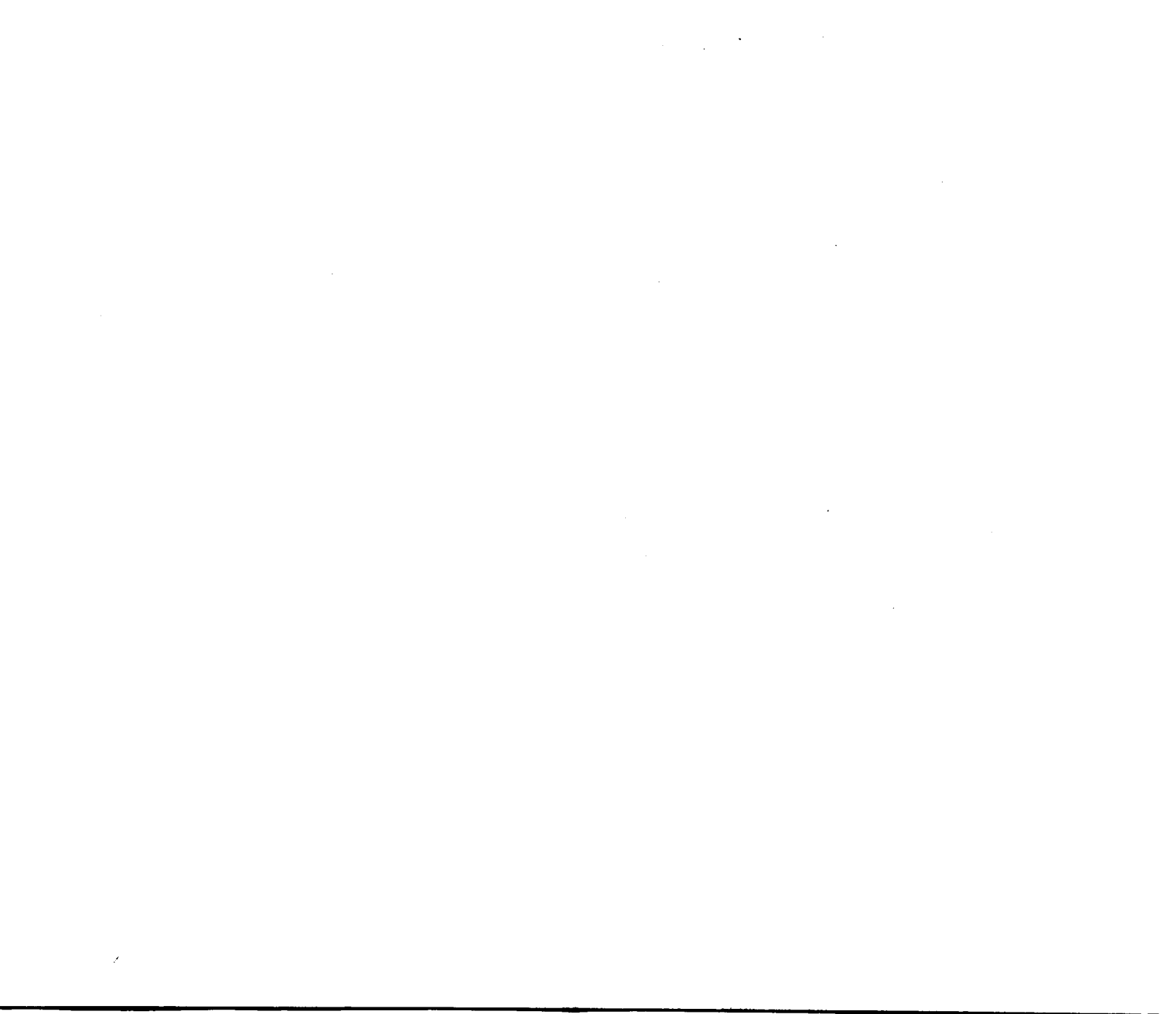
State of Idaho

State File No. 169

Local Reg. No. 469

Reg. Dist. No. 372

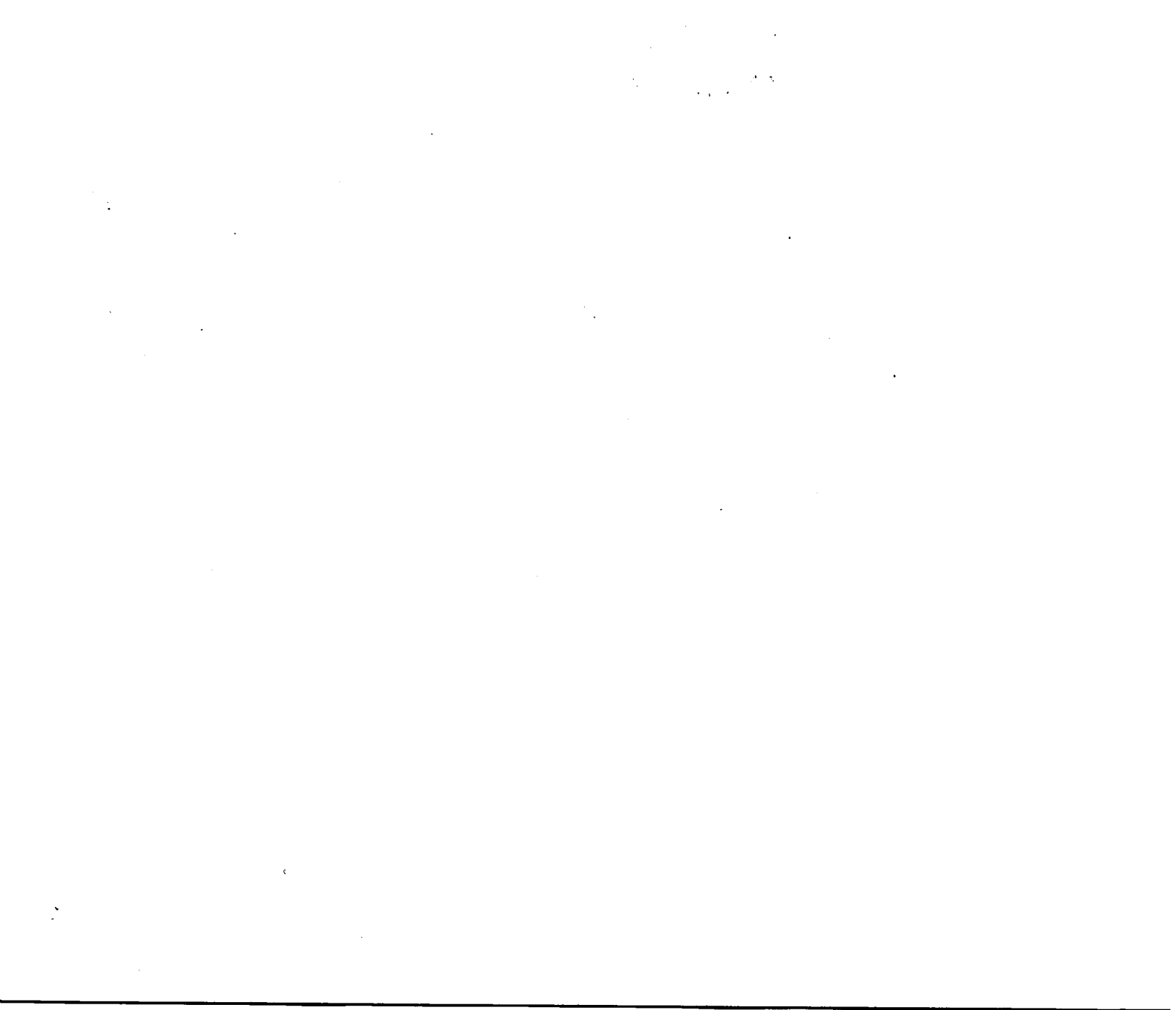
1. PLACE OF STILLBIRTH (Division of Vital Statistics)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Ada		a. STATE Idaho	b. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus		d. STREET ADDRESS (If rural, give location) 1008 N. 15th	
3. CHILD'S NAME (Type or Print) Baby Boy Gwin			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 28 1957
7. FATHER'S NAME a. (First) Lawrence		b. (Middle) Lamar	c. (Last) Gwin
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Windsor, Colo.	11a. USUAL OCCUPATION Cook	11b. KIND OF BUSINESS OR INDUSTRY Restaurant
12. MOTHER'S MAIDEN NAME a. (First) Shirley		b. (Middle) Adell	c. (Last) Miller
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Shoshone, Ida.	13. COLOR OR RACE white	
17. INFORMANT Lawrence L. Gwin		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7-4-57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature separation of placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) R. Ward M.D.	
23b. DATE SIGNED 12-2-57		23c. ATTENDANT'S ADDRESS Boise, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Myrtle Palmer		TITLE Schreiber-McCann-Gibson	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Dec. 2 1957	25c. NAME OF CEMETERY OR CREMATORY Cloverdale	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 12-12-57	26. FUNERAL DIRECTOR Schreiber-McCann-Gibson		ADDRESS Boise



RECEIVED 49 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DEC 11 1957 State of Idaho

State File No. **170**
Local Reg. No. **460**
Reg. Dist. No. **370**

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY OR TOWN Boise		c. CITY OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS (If rural, give location) 213 College Blvd.	
3. CHILD'S NAME (Type or Print) Kevin O'Neil			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 30, 1957
7. FATHER'S NAME a. (First) Fred R. O'Neil b. (Middle) c. (Last)			8. COLOR OR RACE White
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	11a. USUAL OCCUPATION Warehouseman	11b. KIND OF BUSINESS OR INDUSTRY Wholesale appliance
12. MOTHER'S MAIDEN NAME a. (First) Crystal b. (Middle) c. (Last) Cooper			13. COLOR OR RACE White
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Milford, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Four b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? None	
17. INFORMANT Fred R. O'Neil			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Anomalous due to separation of placenta 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Rhacenta previa		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harold B. Hulme, M.D. 23b. DATE SIGNED 12-3-57 23c. ATTENDANT'S ADDRESS 411 First Nat. Bank 24. SIGNATURE OF AUTHORIZED OFFICIAL Donald Wagoner TITLE Boise, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 12/3/57	25c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 12-9-57	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Donald Wagoner ADDRESS Boise, Idaho McBratney-Alden Chapel	



RECEIVED

(Revision of Standard Certificate)

DEC 2 1957

CERTIFICATE OF STILLBIRTH

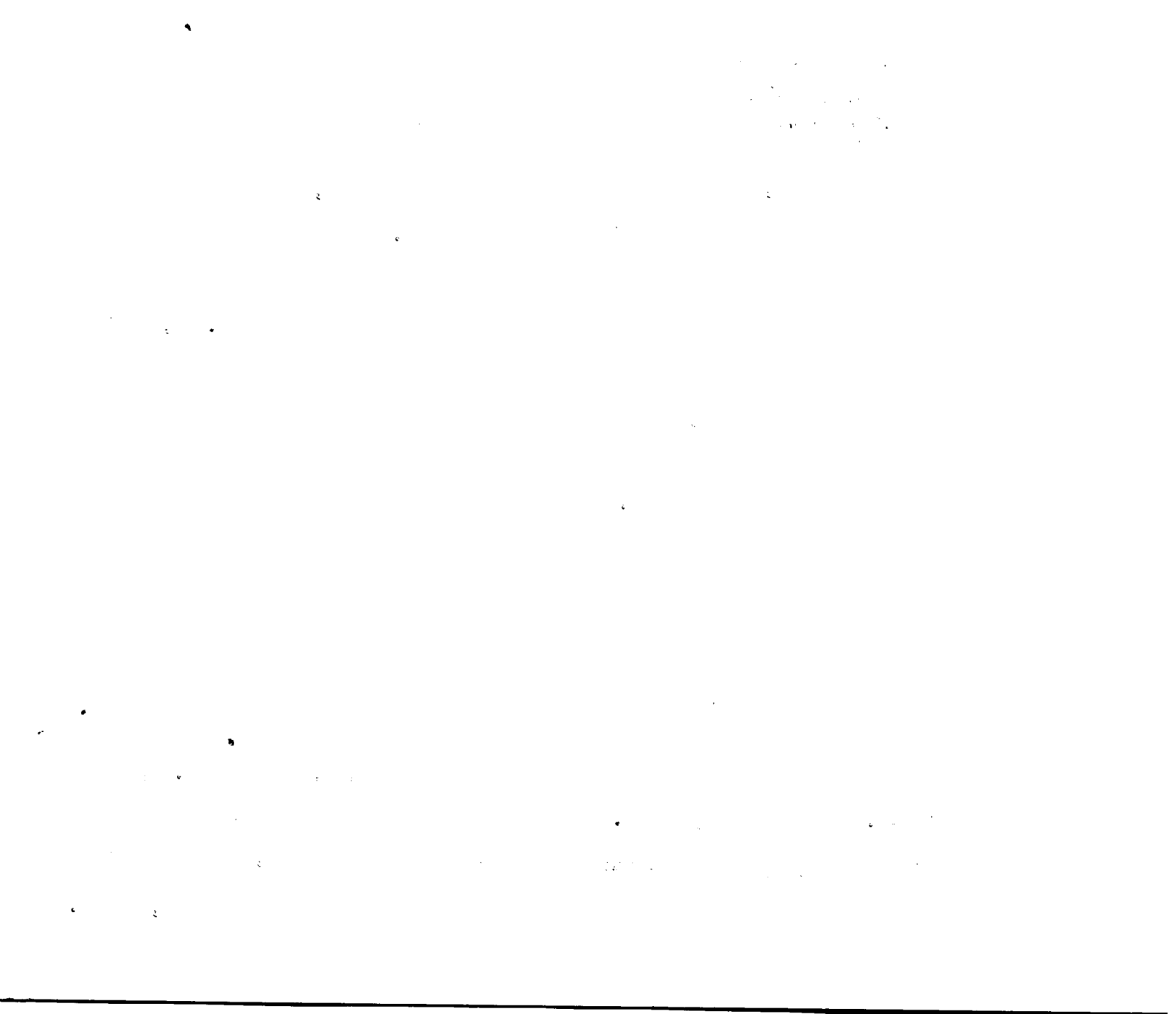
State of Idaho

State File No. 171

Local Reg. No. 484

Reg. Dist. No. 6.6.6

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot,	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Rt. 2 (Rockford)	
3. CHILD'S NAME (Type or Print) Dezeray BLUNDELL			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 26, 1957
7. FATHER'S NAME a. (First) Paul b. (Middle) Lewis c. (Last) Blundell		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Dorothy b. (Middle) Lockyer c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) McCammon, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Three b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Paul H. Blundell</i>			
18a. LENGTH OF PREG-NANCY 36 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 12 Nov. 57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>None apparent. Death apparently occurred about 12 hrs. before delivery.</i>	
		20b. MATERNAL CAUSES <i>None apparent</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:17 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Walter H. Hope</i> M. D.	
23b. DATE SIGNED Nov. 27, 1957		23c. ATTENDANT'S ADDRESS Blackfoot, Idaho.	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>John C. Sandberg</i>		23e. TITLE Blackfoot, Idaho.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Nov. 29, 1957	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. Nov. 28, 1957	REGISTRAR'S SIGNATURE <i>W. H. Colvin E. Colvin</i>	25f. FUNERAL DIRECTOR <i>John C. Sandberg</i>	



RECEIVED CERTIFICATE OF STILLBIRTH

(1949 Revision of Standard Certificate)

State File No. 172
Local Reg. No. 214
Reg. Dist. No. 610

NOV 15 1957

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME
(Type or Print) Infant Danielson

4. SEX	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 4, 1957</u>
--------	---	---	---

7. FATHER'S NAME
a. (First) Earl b. (Middle) Raymond c. (Last) Danielson

8. COLOR OR RACE White

9. AGE (At time of this birth) 3.5 YEARS
10. BIRTHPLACE (State or foreign country) Garfield, Idaho
11a. USUAL OCCUPATION Fireman

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME
a. (First) Idanah b. (Middle) Lorraine c. (Last) Robertson

13. COLOR OR RACE white

14. AGE (At time of this birth) 31 YEARS
15. BIRTHPLACE (State or foreign country) Pocahontas Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? 6
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT Earl B. Danielson

18a. LENGTH OF PREGNANCY WEEKS
18b. WEIGHT AT BIRTH LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

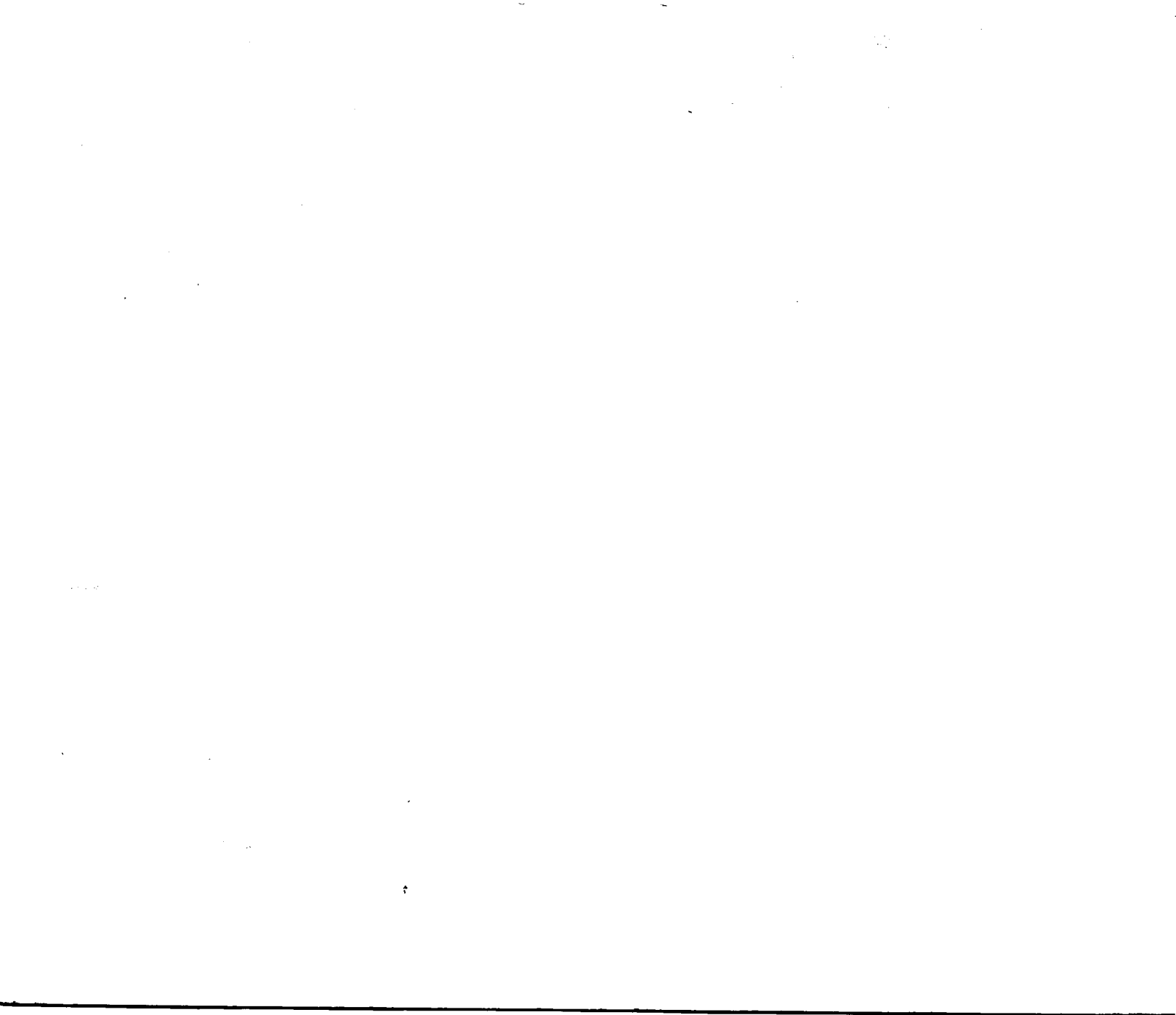
CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES Cord around its neck
20b. MATERNAL CAUSES none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none
22. STATE ALL OPERATIONS FOR DELIVERY Delivery of fetal twin

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.
23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) Lynne M. Miller M.D.
23b. DATE SIGNED 9 Nov 57
23c. ATTENDANT'S ADDRESS Idaho Falls Idaho
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)
25b. DATE Nov 6, 1957
25c. NAME OF CEMETERY OR CREMATORY
25d. LOCATION (City, town, or county) (State) Idaho Falls Idaho

DATE REC'D BY LOCAL REG. Nov 8-1957
REGISTRAR'S SIGNATURE Laura Bridges
26. FUNERAL DIRECTOR Leo H. Williams
ADDRESS Idaho Falls Idaho



RECEIVED

CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon of Vital Statistics</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Oregon</u> b. COUNTY <u>Malheur</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vale</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Blackiet Apts.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Johnson</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11-18-57</u>
7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>Ronald</u> c. (Last) <u>Johnson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Stillwater, Okla</u>	11a. USUAL OCCUPATION <u>Clerk</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Albertson's, Inc.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Rosalie</u> b. (Middle) <u>Kendall</u> c. (Last)		13. COLOR OR RACE	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ontario, Oregon</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>✓</u>	
17. INFORMANT <u>James R. Johnson</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>✓</u> No <u> </u> Approximate date <u>Sept 6, 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
20b. MATERNAL CAUSES <u>Premature separation of placenta</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>anemia severe - interese</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u>	23b. DATE SIGNED <u>11-22-57</u>
23c. ATTENDANT'S ADDRESS <u>Caldwell, Okla</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>11-18-57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	25d. LOCATION (City, town, or county) (State) <u>Ontario, Oregon</u>
DATE REC'D BY LOCAL REG. <u>11-27-57</u>	REGISTRAR'S SIGNATURE <u>Agnes Mollenman</u>	26. FUNERAL DIRECTOR <u>Geo. C. Beechler, Ontario, Oregon</u>	

CERTIFICATE OF STILLBIRTH

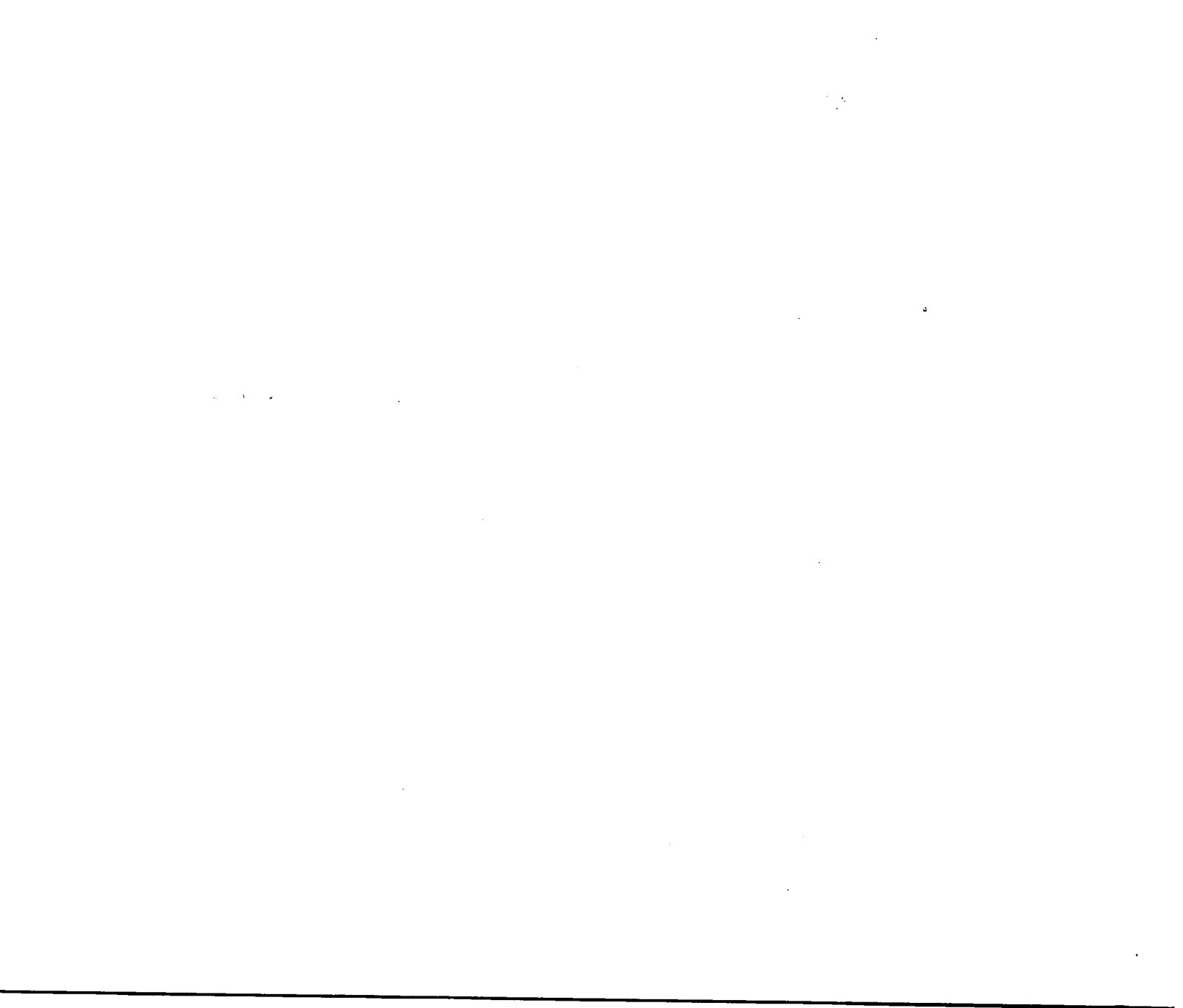
RECEIVED State of Idaho

State File No. 174

Local Reg. No. 7

Reg. Dist. No. 362

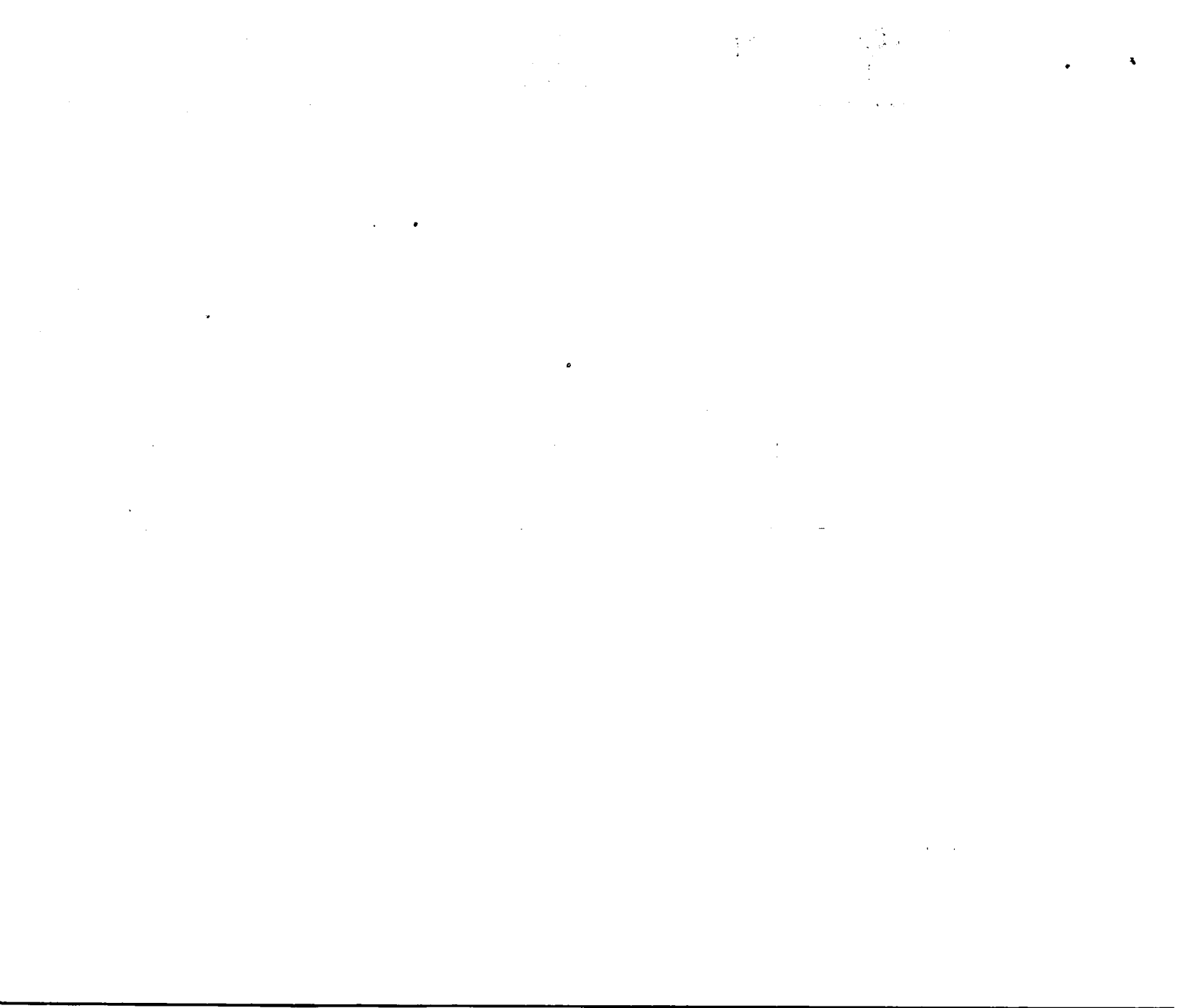
1. PLACE OF STILLBIRTH a. COUNTY Canyon		DEC 18 1957		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		d. STREET ADDRESS (If rural, give location) 236 Smith			
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital							
3. CHILD'S NAME (Type or Print)							
DENICE		CAROL		BOSTON			
4. SEX fem.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 11, 1957				
7. FATHER'S NAME a. (First) Therman		b. (Middle)		c. (Last) Boston		8. COLOR OR RACE white	
9. AGE (At time of this birth) 31 YEARS		10. BIRTHPLACE (State or foreign country) Idaho		11a. USUAL OCCUPATION Carman		11b. KIND OF BUSINESS OR INDUSTRY P.F.E.	
12. MOTHER'S MAIDEN NAME Carol		a. (First)		b. (Middle)		c. (Last) Whitten	
14. AGE (At time of this birth) 26 YEARS		15. BIRTHPLACE (State or foreign country) Idaho		13. COLOR OR RACE white			
17. INFORMANT <i>Mrs Therman Boston</i>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3		b. How many children were born alive but are now dead? 0		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Prematurity</i>					
		20b. MATERNAL CAUSES <i>Intra-uterine death - caused unknown</i>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY					
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Amarason</i>		(Specify if M. D., midwife, or other)		23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS <i>Nampa Idaho</i>		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Lewis Edmunds</i>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 11/12/57		25c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		25d. LOCATION (City, town, or county) (State) Nampa, Idaho	
DATE REC'D BY LOCAL REG. Dec. 1, 1957		REGISTRAR'S SIGNATURE <i>Mrs Jane Smith</i>		26. FUNERAL DIRECTOR <i>Lewis Edmunds</i>		ADDRESS Nampa, Idaho	
LEWIS EDMUNDS MORTUARY							



(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
DEC 6 1957 State of Idaho

State File No. 175
Local Reg. No. 692
Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u> d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 2</u>	
3. CHILD'S NAME ((Type or Print)) <u>Infant Dayley</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 24, 1957</u>
7. FATHER'S NAME a. (First) <u>Mark</u> b. (Middle) <u>B.</u> c. (Last) <u>Dayley</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>47</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Oakley, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mabel</u> b. (Middle) <u>LaPriol</u> c. (Last) <u>Korth</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>43</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Garland, Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Mark Y. Dayley</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>Unknown</u> OZS. <u></u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>June 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Strangulation of Cord - Obstruction</u> 20b. MATERNAL CAUSES <u></u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u>	23b. DATE SIGNED <u>11-30-57</u>
		23c. ATTENDANT'S ADDRESS <u></u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE <u></u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>11/27/57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Gem Memorial Gardens</u>	25d. LOCATION (City, town, or county) (State) <u>Burley, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Dec 5, 57</u>	REGISTER'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>Burley</u>



PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

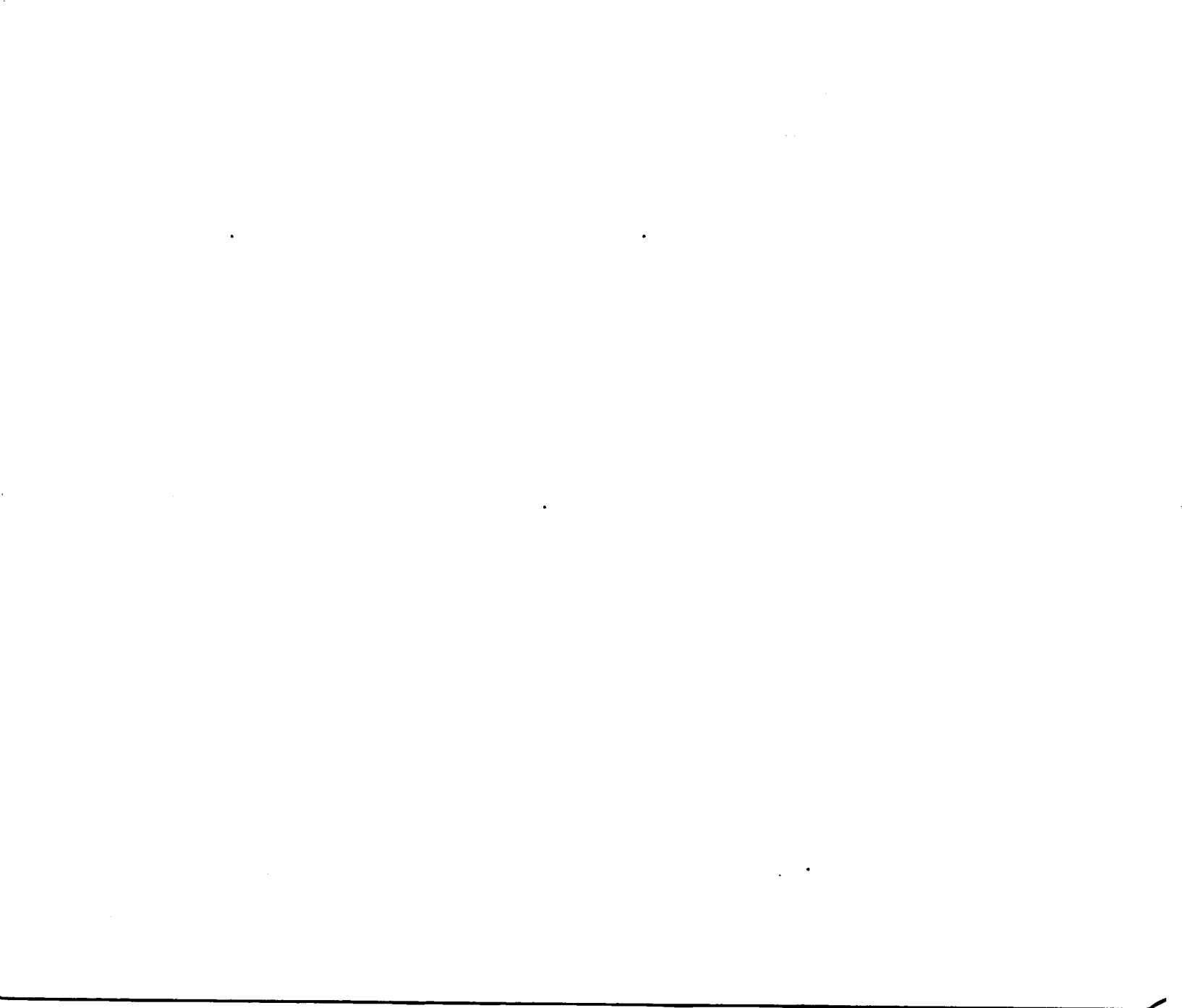
RECEIVED
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 488Reg. Dist. No. 488

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u> b. CITY OR TOWN <u>Burley</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>642 Normal Ave.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u> c. CITY OR TOWN <u>Burley</u> d. STREET ADDRESS (If rural, give location) <u>642 Normal Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Carma Roberts</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 29, 1957</u>
7. FATHER'S NAME a. (First) <u>Wilburn</u> b. (Middle) <u>C</u> c. (Last) <u>Roberts</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>38</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Paul, Idaho</u>	11a. USUAL OCCUPATION <u>Carpenter</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Eva</u> b. (Middle) <u>H</u> c. (Last) <u>Horn</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Medical Springs, Ore.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>One</u>	
17. INFORMANT <u>Wilburn C. Roberts 642 Normal Ave.</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Aug 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Premature separation of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature separation of placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>John H. Davis M.D.</u> 23b. DATE SIGNED <u>Dec 3, 1957</u>	
23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Dec. 2, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View Cemetery Burley,</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho</u>
DATE REC'D BY LOCAL REG. <u>Nov. 5, 57</u>		26. FUNERAL DIRECTOR <u>Doris Lunn</u> ADDRESS <u>Kim B. McCulloch Burley, Idaho</u>	



RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

NOV 18 1957

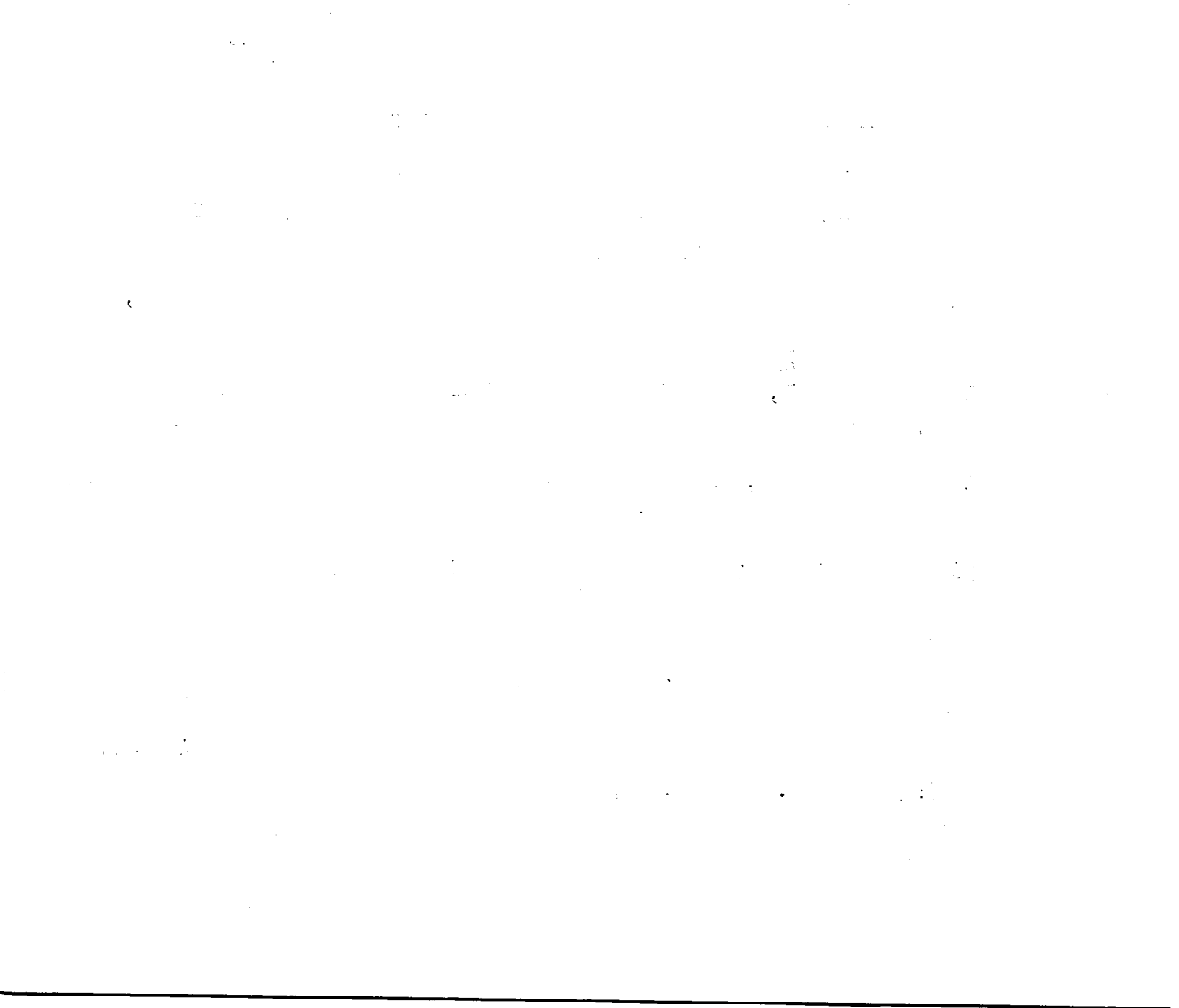
State of Idaho

State File No. 177

Local Reg. No. 39

Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH a. COUNTY ELMORE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ELMORE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME AIR FORCE BASE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4165TH USAF HOSPITAL		d. STREET ADDRESS (If rural, give location) AIRWAYS TRAILER COURT	
3. CHILD'S NAME (Type or Print) (INFANT MALE PAUST) STEVEN JOSEPH PAUST			
4. SEX MALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) NOVEMBER 2, 1957
7. FATHER'S NAME a. (First) BARRAT	b. (Middle) DADE	c. (Last) PAUST	8. COLOR OR RACE WH
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) KY, LOUISVILLE	11a. USUAL OCCUPATION USAF	11b. KIND OF BUSINESS OR INDUSTRY USAF
12. MOTHER'S MAIDEN NAME a. (First) BARBARA	b. (Middle) ANNE	c. (Last) VONDERAHE	13. COLOR OR RACE WH
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) OHIO, CINCINNATI	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? NONE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT <i>Barbara A. Paust</i>			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 21 AUGUST 57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) UNKNOWN OTHER THAN IMMATURITY		20b. MATERNAL CAUSES UNKNOWN	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR NONE		22. STATE ALL OPERATIONS FOR DELIVERY EPISIOTOMY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:55 P.m.		23a. ATTENDANT'S SIGNATURE <i>Dr. J. J. Harrison, M.D.</i>	23b. DATE SIGNED 4 NOV 57
23c. ATTENDANT'S ADDRESS MT. HOME AFB, IDAHO		IF NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Arthur Smith</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11/8/57	25c. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery	25d. LOCATION (City, town, or county) (State) Mountain Home, Idaho
DATE REC'D BY LOCAL REG. Nov 7 1957	REGISTRAR'S SIGNATURE <i>C. Anderson</i>	26. FUNERAL DIRECTOR <i>Arthur Smith</i>	ADDRESS Bey Mortuary, Inc. Mtn. Home, Idaho



FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED CERTIFICATE OF STILLBIRTH State of Idaho

State File No.

Local Reg. No. 34Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u> Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montour</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mary Secor Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Montour</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Drake</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 19, 1957</u>
7. FATHER'S NAME a. (First) <u>Dell</u> b. (Middle) <u>A.</u> c. (Last) <u>Drake</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Roxburg Idaho</u>	11a. USUAL OCCUPATION <u>laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>canning</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) <u>Lou</u> c. (Last) <u>Pennington</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colorado</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>x Dell A. Drake</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Sept 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity Not known</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:30</u> p. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>M. B. Jewell</u> <u>M.D.</u>	
		23b. DATE SIGNED <u>12-11-57</u>	
23c. ATTENDANT'S ADDRESS <u>107 N. Comm., Emmett, Id</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John W. Beatty</u> TITLE <u>Beatty Chapel</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Nov 20, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Sweet Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Sweet Idaho</u>
DATE REC'D BY LOCAL REG. <u>Dec. 11, 1957</u>		26. FUNERAL DIRECTOR <u>The Beatty Chapel</u> ADDRESS <u>Emmett, Idaho</u>	

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

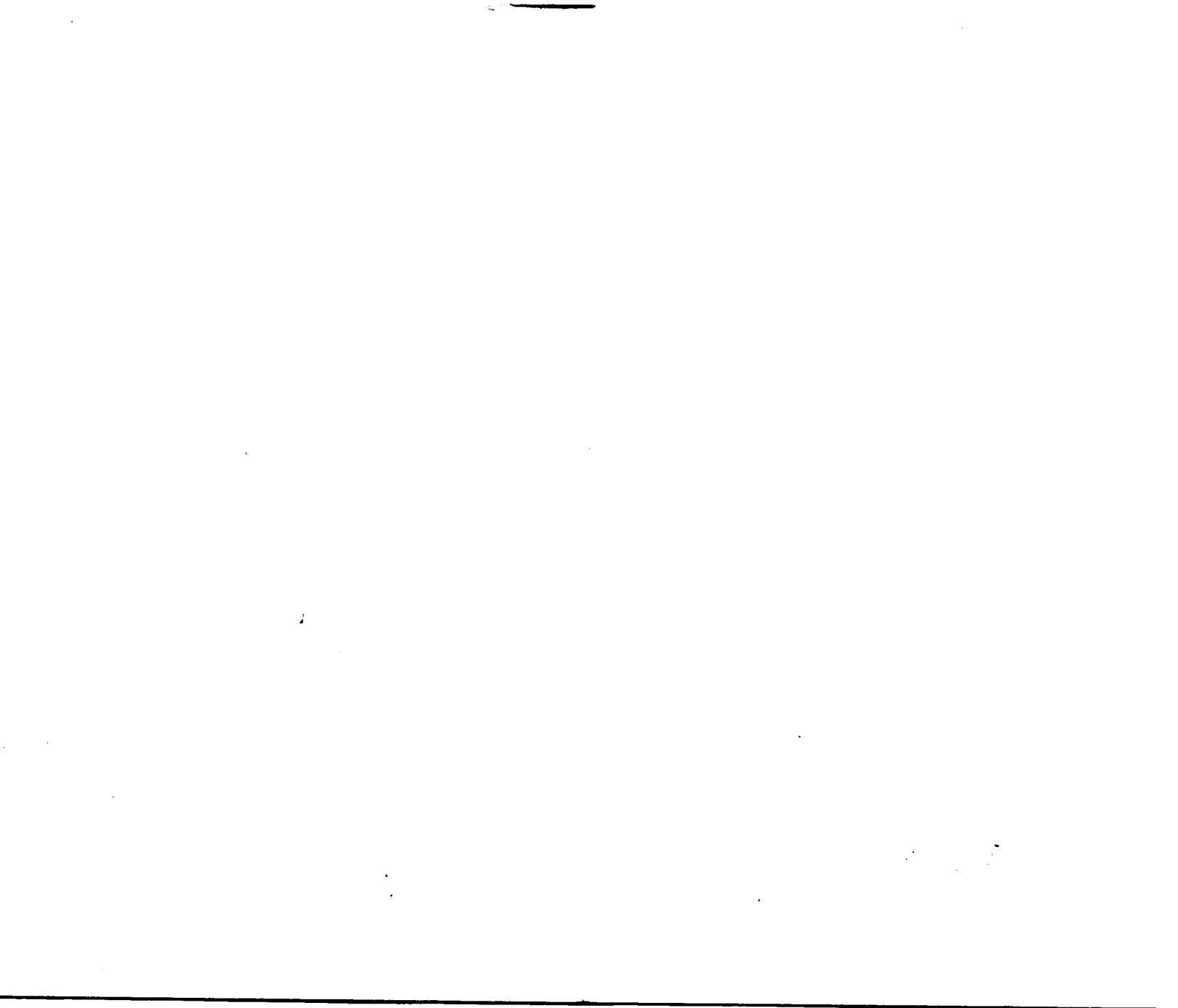
State File No. **179**Local Reg. No. **33**Reg. Dist. No. **242****DEC 12 1957**

1. PLACE OF STILLBIRTH a. COUNTY Idaho		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cottonwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cottonwood	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Charles Wimer			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct 25 57
7. FATHER'S NAME Maurice	a. (First)	b. (Middle) H.	c. (Last) Wimer
8. COLOR OR RACE White			
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Trucker driver	11b. KIND OF BUSINESS OR INDUSTRY Logging
12. MOTHER'S MAIDEN NAME Rita	a. (First)	b. (Middle)	c. (Last) Lustig
13. COLOR OR RACE White			
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Cottonwood, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Charles H. Wimer</i>			
18a. LENGTH OF PREGNANCY WEEKS 6	18b. WEIGHT AT BIRTH LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date August 3, 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES (1) Erythroblastosis foetalis (2) Hydrops and maceration due to No. 1	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean Section - classical	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>W. J. Orr M.D.</i>	
23b. DATE SIGNED Oct. 25, 1957		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Cletus A. Uhlen</i>	
23c. ATTENDANT'S ADDRESS Cottonwood, Idaho		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct 26 57	25c. NAME OF CEMETERY OR CREMATORY Catholic	25d. LOCATION (City, town, or county) (State) Cottonwood Idaho
DATE REC'D BY LOCAL REG. Oct. 26, 1957	REGISTRAR'S SIGNATURE <i>Wesley J. Orr M.D. by</i>	26. FUNERAL DIRECTOR <i>Cletus A. Uhlen</i> ADDRESS Cottonwood, Idaho	

(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
NOV 27 1957 State of Idaho

State File No. 180
Local Reg. No. 547
Reg. Dist. No. 170

1. PLACE OF STILLBIRTH a. COUNTY <u>Jerome</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hagerman</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Benedict Hosp</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gooding</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hagerman</u> d. STREET ADDRESS (If rural, give location) <u>State Fish Hatchery</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Roberts</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 23 1957</u>
7. FATHER'S NAME a. (First) <u>Wallace</u> b. (Middle) <u>C</u> c. (Last) <u>Roberts</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pacatella</u>	11a. USUAL OCCUPATION <u>Fish Hatchery</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Labour</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mala</u> b. (Middle) <u>K</u> c. (Last) <u>Hawsell</u>		13. COLOR OR RACE <u>Roberts</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pacatella Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>one</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Wallace C. Roberts</u>			
18a. LENGTH OF PREGNANCY <u>37</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>cord about the neck</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>breach</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>cesarean</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:04 P. m.</u>		23a. ATTENDANT'S SIGNATURE <u>Laurie Schell</u> 23c. ATTENDANT'S ADDRESS <u>Wendell Idaho.</u>	23b. DATE SIGNED <u>11-25-57</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. Farnsworth</u> 25d. LOCATION (City, town, or county) (State) <u>city Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>11/27/1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Lava Hot Springs</u>	25e. FUNERAL DIRECTOR <u>J. Farnsworth</u> ADDRESS <u>Wendell Idaho</u>



RECEIVED

(1949 Revision of Standard Certificate)

State File No.
Local Reg. No. 304
Reg. Dist. No. 460

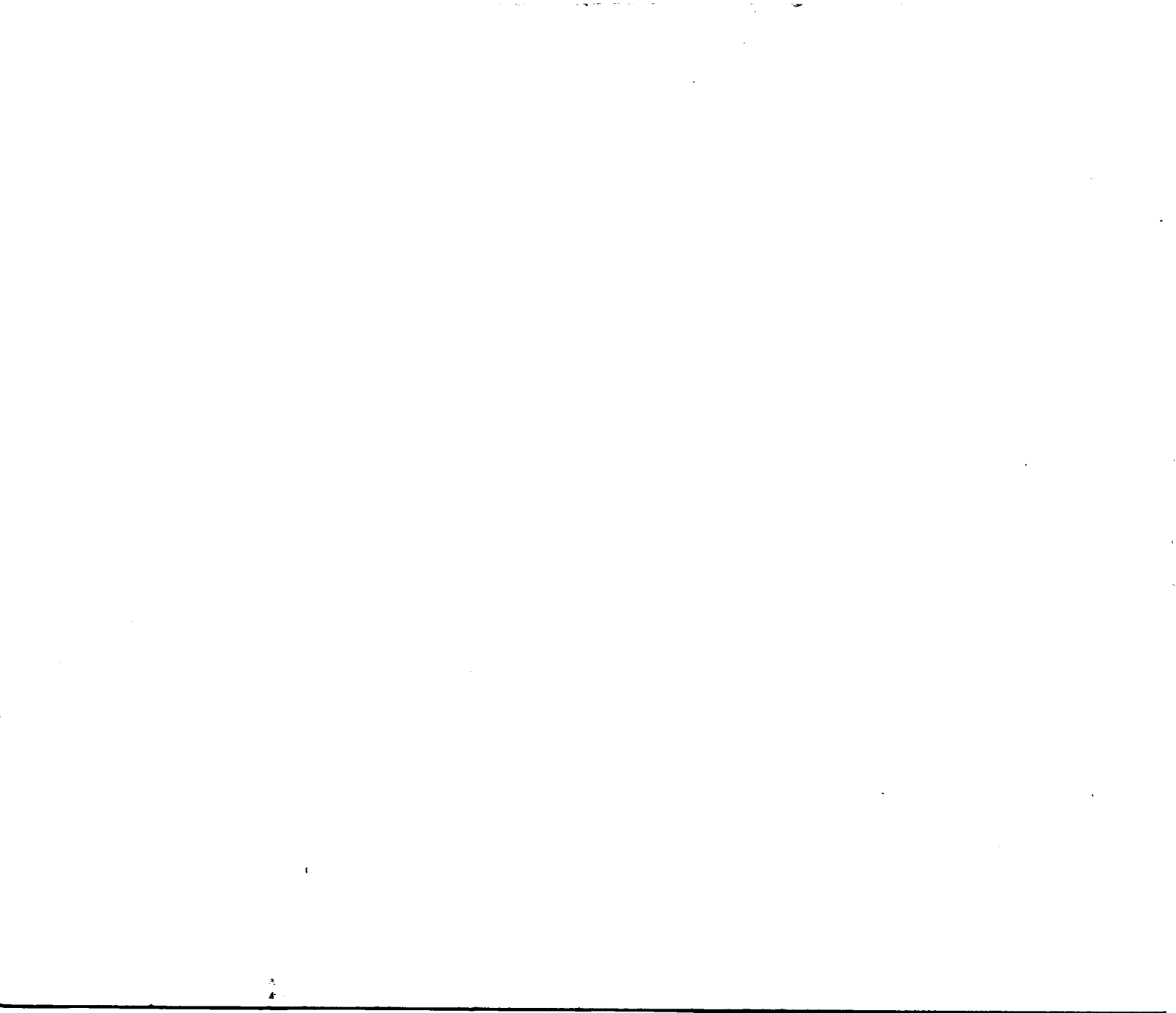
181

CERTIFICATE OF STILLBIRTH

State of Idaho

Division of Vital Statistics

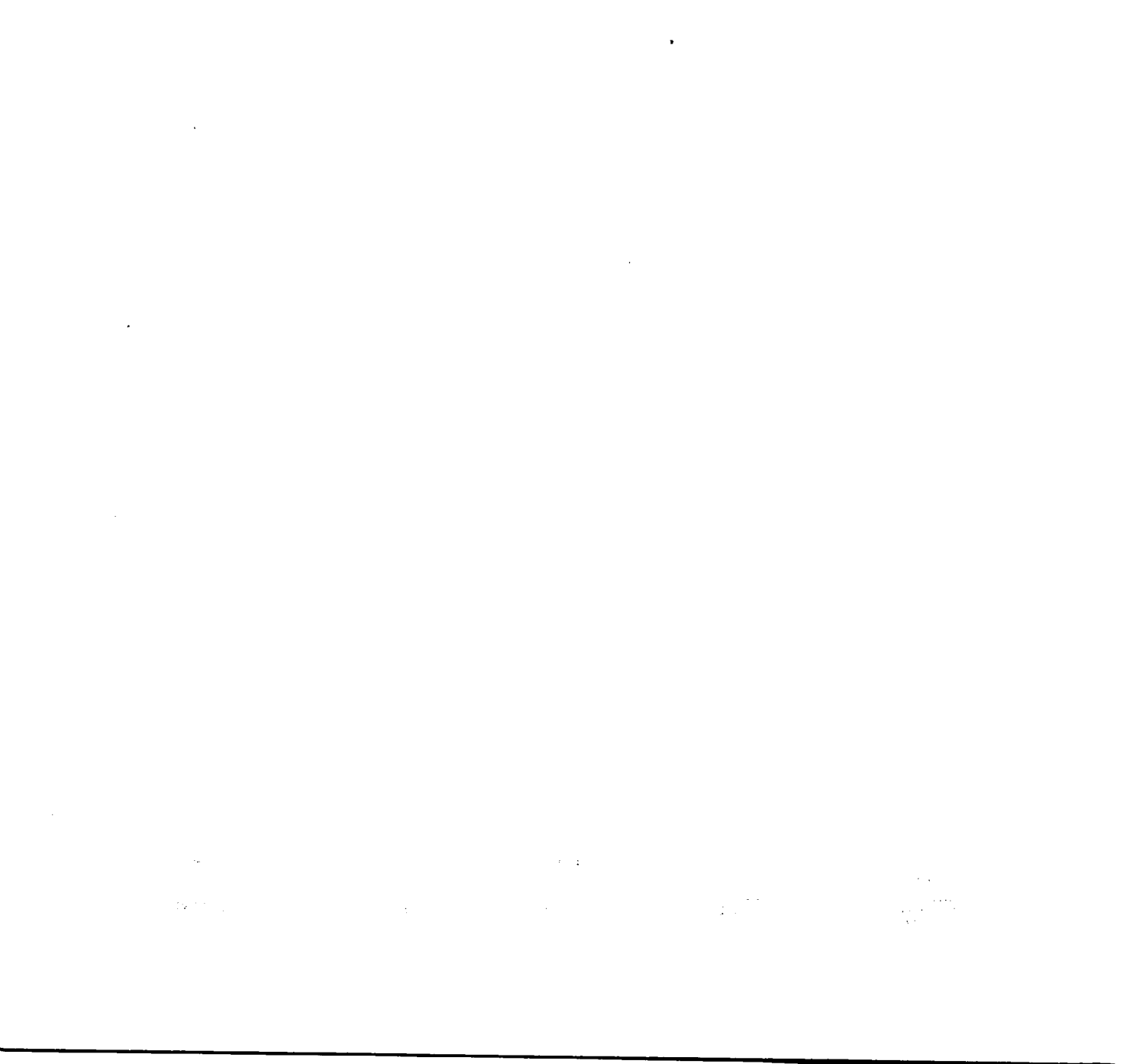
1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>987 3rd Ave. West</u>	
3. CHILD'S NAME (Type or Print) <u>Gregg Allen Mambert</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11-22-57</u>
7. FATHER'S NAME a. (First) <u>(Larry) Lawrence</u> b. (Middle) <u>Arlington</u> c. (Last) <u>Mambert</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Troy N.Y.</u>	11a. USUAL OCCUPATION <u>Tree Service</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME <u>JoAnn</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Twin Falls</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>JoAnn Mambert</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>1</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Stillbirth - Cord around neck. antepartum death</u>	
20b. MATERNAL CAUSES <u>none</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>[Signature]</u>	
23b. DATE SIGNED <u>11-22-57</u>		23c. ATTENDANT'S ADDRESS <u>Twin Falls, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>		TITLE <u>Idaho</u>	
25a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	25b. DATE <u>Nov. 23, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Twin Falls Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>Nov. 26, 1957</u>		26. FUNERAL DIRECTOR <u>[Signature]</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Twin Falls</u>	



RECEIVED
CERTIFICATE OF STILLBIRTH
State of Idaho

DEC 27 1957

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> Division of Vital Statistics b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cem</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u> d. STREET ADDRESS (If rural, give location) <u>Rt 2</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Hall</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>12</u> <u>8</u> <u>1957</u>
7. FATHER'S NAME a. (First) <u>Theron</u> b. (Middle) <u>Edward</u> c. (Last) <u>Hall</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Utah</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Marlene Amy</u> b. (Middle) <u>Marlene</u> c. (Last) <u>Carroll</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Elsie Carroll</u>			
18a. LENGTH OF PREGNANCY <u>29</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Aug. 27, 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Cytoblastosis; chorioamnionitis</u>		
	20b. MATERNAL CAUSES <u>incompetent; pre-eclampsia toxemia</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Preeclampsia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>0</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		22a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) <u>H. H. Summers</u>	
		23b. DATE SIGNED <u>12-5-57</u>	
23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Elyse E. Summers</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		25b. DATE <u>12-10-57</u>	25c. NAME OF CEMETERY OR CREMATORY <u>ST. LUKES HOSP.</u>
25d. LOCATION (City, town, or county) (State) <u>BOISE, IDAHO</u>		26. FUNERAL DIRECTOR <u>SUMMERS FUNERAL HOME</u>	
DATE REC'D BY LOCAL REG. <u>12-23-57</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	
		ADDRESS <u>Boise, Idaho</u>	



RECEIVED CERTIFICATE OF STILLBIRTH

State of Idaho

JAN 20 1958

1. PLACE OF STILLBIRTH a. COUNTY Bannock <i>Division of Vital Statistics</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 61 Harvard	
3. CHILD'S NAME (Type or Print) BABY BOY JENSEN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 22, 1957
7. FATHER'S NAME a. (First) Jay b. (Middle) Golden c. (Last) Jensen		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Administrative staff	11b. KIND OF BUSINESS OR INDUSTRY I. S. C.
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Donna c. (Last) Jones		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Malad, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mary Donna Jensen			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH Not done LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Anoxia - occluded umbilical Cord</i>	
		20b. MATERNAL CAUSES <i>none due to torsion</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Breech</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:55 P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>L. Thayer, M.D.</i>	
23b. DATE SIGNED 12-21-57		23c. ATTENDANT'S ADDRESS 1448 E. Center	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>Roland Reiser</i>		TITLE Pocatello, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11/27/57	25c. NAME OF CEMETERY OR CREMATORY Mountain View	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. JAN 9 1958		REGISTRAR'S SIGNATURE <i>Gene Allright</i>	

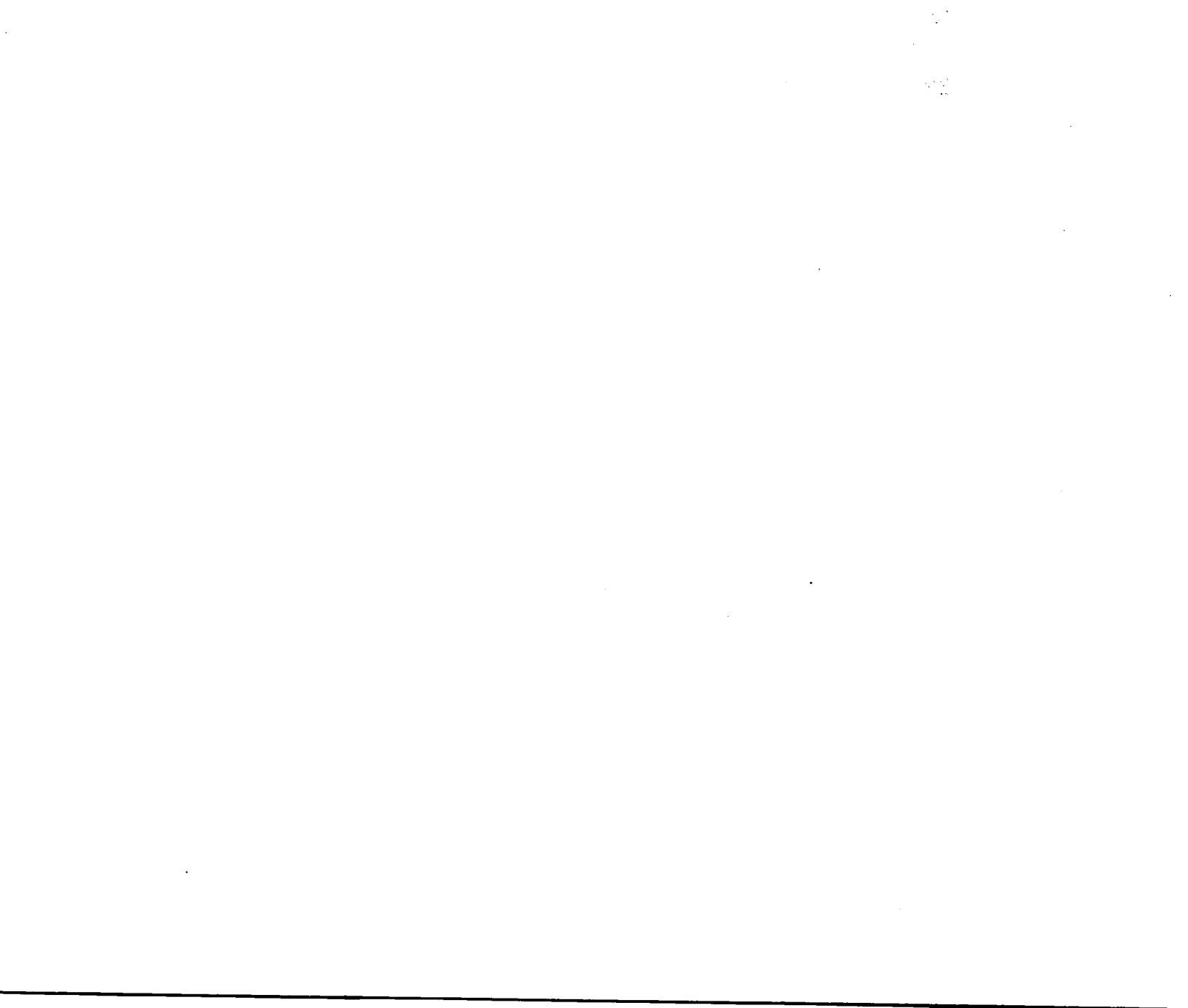
DEC 27 2012

RECEIVED CERTIFICATE OF STILLBIRTH

DEC 31 1957

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Meadows	
c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Anderson			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 5, 1957
7. FATHER'S NAME a. (First) David Anderson b. (Middle) c. (Last)		8. COLOR OR RACE White	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Nampa, Idaho	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Evelyn Vance b. (Middle) c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) Nampa, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT			
18a. LENGTH OF PREGNANCY 20 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7-30-57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) prematurity, lack of circulation		20a. FETAL CAUSES premature separation, placenta	
20b. MATERNAL CAUSES		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR premature separation, placenta	
22. STATE ALL OPERATIONS FOR DELIVERY none		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) [Signature]	
23b. DATE SIGNED 12-23-57		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature]	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 11-6-57	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
25d. LOCATION (City, town, or county) Caldwell, Idaho		(State)	
DATE REC'D BY LOCAL REG. 12-27-57		REGISTRAR'S SIGNATURE Agnes M. Denman	
26. FUNERAL DIRECTOR Peckham D. Ryan		ADDRESS Chapel Caldwell, Idaho	



RECEIVED

(1949 Revision of Standard Certificate)

DEC 16 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 185

Local Reg. No. 102

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caldwell Memorial Hospital.		d. STREET ADDRESS (If rural, give location) 212-9th Ave South	
3. CHILD'S NAME ((Type or Print)) Julie Ann Peterson			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 2 1957
7. FATHER'S NAME a. (First) Kenneth b. (Middle) W c. (Last) Peterson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Big Springs, Nebraska	11a. USUAL OCCUPATION Jeweler	11b. KIND OF BUSINESS OR INDUSTRY Jewelry
12. MOTHER'S MAIDEN NAME a. (First) Leila b. (Middle) Maxine c. (Last) Steiger		13. COLOR OR RACE White	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) South Dakota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Nampa, Idaho.			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Asphyxiation in utero 20b. MATERNAL CAUSES multiple & massive placental separation	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 3rd trimester none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:56 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John F. Alsip M.D. 23b. ATTENDANT'S ADDRESS Caldwell, Idaho 23c. If NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL John F. Alsip, Jr. ALSIP FUNERAL CHAPEL		25. DATE SIGNED Dec 4 '57 TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE December 3 '57	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery	25d. LOCATION (City, town, or county) (State) Nampa, Idaho.
DATE REC'D BY LOCAL REG. 12-9-57	REGISTRAR'S SIGNATURE Agnes Malenman	26. FUNERAL DIRECTOR John F. Alsip, Jr. ALSIP FUNERAL CHAPEL ADDRESS Nampa, Idaho.	

RECEIVED

DEC 24 1957

State of Idaho

State File No. 186

Local Reg. No. 8

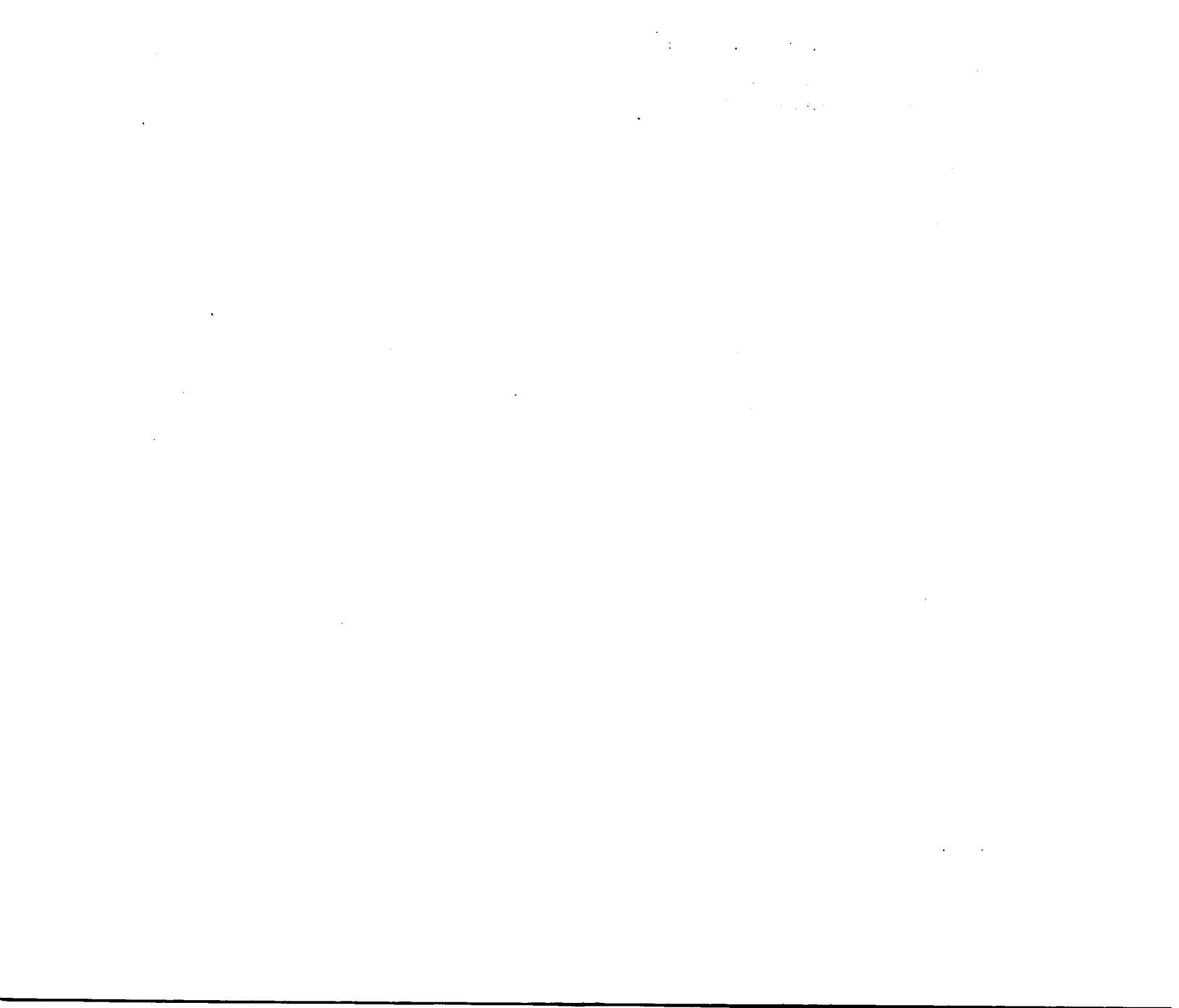
Reg. Dist. No. 36.2

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) 824 Nectrine	
3. CHILD'S NAME (Type or Print) INFANT DAUGHTER COPENBARGER			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 16, 1957
7. FATHER'S NAME a. (First) Everett b. (Middle) Copenbarger c. (Last) White	8. COLOR OR RACE White		
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Buhl, Idaho	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Automobile
12. MOTHER'S MAIDEN NAME a. (First) Joyce b. (Middle) Fish c. (Last) White	13. COLOR OR RACE White		
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Buhl, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Everett Copenbarger			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prematurity 20b. MATERNAL CAUSES Prolapse of cord	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prolapse cord		22. STATE ALL OPERATIONS FOR DELIVERY low forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Marcus	23b. DATE SIGNED Nov 22 1957
23b. ATTENDANT'S ADDRESS Nampa Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Lewis Edmunds	TITLE MORTUARY
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11-19-57	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery	25d. LOCATION (City, town, or county) (State) Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG. Dec 21 1957	REGISTRAR'S SIGNATURE Mrs. Jane Smith	26. FUNERAL DIRECTOR Lewis Edmunds	ADDRESS Nampa, Idaho
LEWIS EDMUNDS MORTUARY			

RECEIVED
1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DEC 23 1957
State of Idaho

State File No. **187**
Local Reg. No. **486**
Reg. Dist. No. **470**

1. PLACE OF STILLBIRTH (Where does mother live?) a. COUNTY Cassia b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley d. STREET ADDRESS (If rural, give location) General Delivery	
3. CHILD'S NAME (Type or Print) Infant Darrington			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 15, 1957
7. FATHER'S NAME a. (First) Martin b. (Middle) Charles c. (Last) Darrington		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Elba, Idaho	11a. USUAL OCCUPATION Tire Salesman	11b. KIND OF BUSINESS OR INDUSTRY Automotive
12. MOTHER'S MAIDEN NAME a. (First) Betty b. (Middle) Lou c. (Last) Brackenbury		13. COLOR OR RACE White	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Almo, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Martin C. Darrington			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Erythroblastosis Fetalis, hydrops 20b. MATERNAL CAUSES RH Factor disturbance		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Mother had influenza 1 mo. before delivery		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE S. Burnett 23c. ATTENDANT'S ADDRESS Burley, Idaho	23b. DATE SIGNED 12-16-57 24. SIGNATURE OF AUTHORIZED OFFICIAL Darrell Stapp TITLE REGISTRAR
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 12/18/57	25c. NAME OF CEMETERY OR CREMATORY Almo Cemetery	25d. LOCATION (City, town, or county) (State) Almo, Idaho
DATE REC'D BY LOCAL REG. Dec 19, 1957	REGISTRAR'S SIGNATURE Louis Quinn	26. FUNERAL DIRECTOR Darrell Stapp ADDRESS Burley	



RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH Division of Vital Statistics State of Idaho

 State File No. 188
 Local Reg. No. 37
 Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Secor Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	
3. CHILD'S NAME (Type or Print) <u>Mark Elwood Griffiths</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Dec. 29, 1957</u>
7. FATHER'S NAME a. (First) <u>David E.</u> b. (Middle) <u>Griffiths</u> c. (Last) <u></u>			8. COLOR OR RACE <u>white</u>
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Barber, Idaho</u>	11a. USUAL OCCUPATION <u>carpenter</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>mill</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Cecilia</u> b. (Middle) <u>Marie</u> c. (Last) <u>Messmer</u>			13. COLOR OR RACE <u>white</u>
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Bismark, N. D.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>David E. Griffiths</u>			
18a. LENGTH OF PREGNANCY <u>18</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u></u> OZS. <u></u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u></u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature rupture of the membranes</u>	
		20b. MATERNAL CAUSES <u>None known Influenza (virus)</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>M^{rs} B. Jewell</u>	(Specify if M. D., midwife, or other) <u>M. D.</u>
		23b. DATE SIGNED <u>1-2-58</u>	
23c. ATTENDANT'S ADDRESS <u>107 N. Comm, Emmett, Ida</u>		If NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>The Board of Health, Emmett, Ida.</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>Dec. 31, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Emmett</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan 2, 1958</u>	REGISTRAR'S SIGNATURE <u>Janell Beatty</u>	26. FUNERAL DIRECTOR <u>The Board of Health, Emmett, Ida.</u>	

JAN 27 2000

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

DEC 12 1957

State of Idaho

State File No. 189

Local Reg. No. 27

Reg. Dist. No. 640

1. PLACE OF STILLBIRTH a. COUNTY Jefferson		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rigby Maternity Hospital		d. STREET ADDRESS (If rural, give location) N. Yellowstone Highway	
3. CHILD'S NAME (Type or Print) JOBETH BLAIR			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 2, 1957
7. FATHER'S NAME a. (First) Erwin b. (Middle) J. c. (Last) Blair		8. COLOR OR RACE White	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Lewiston, Utah.	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Halley b. (Middle) Jean c. (Last) Rushton		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Abraham, Utah.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Erwin J. Blair			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES anoxia - asphyxia	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Bruch Delivery - Protrusion of cord		22. STATE ALL OPERATIONS FOR DELIVERY Bruch delivery - Trantion used.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Clifford B. Rigby M.D.	23b. DATE SIGNED 12-4-57
23c. ATTENDANT'S ADDRESS Rigby Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Bruce A. Eckhardt	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Dec. 3, 1957	25c. NAME OF CEMETERY OR CREMATORY Rigby Pioneer Cem.	25d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho.
DATE REC'D BY LOCAL REG. 12/4/57	REGISTRAR'S SIGNATURE Mrs. A. B. C. Baker	26. FUNERAL DIRECTOR Bruce A. Eckhardt	ADDRESS Rigby, Idaho.

CERTIFICATE OF STILLBIRTH

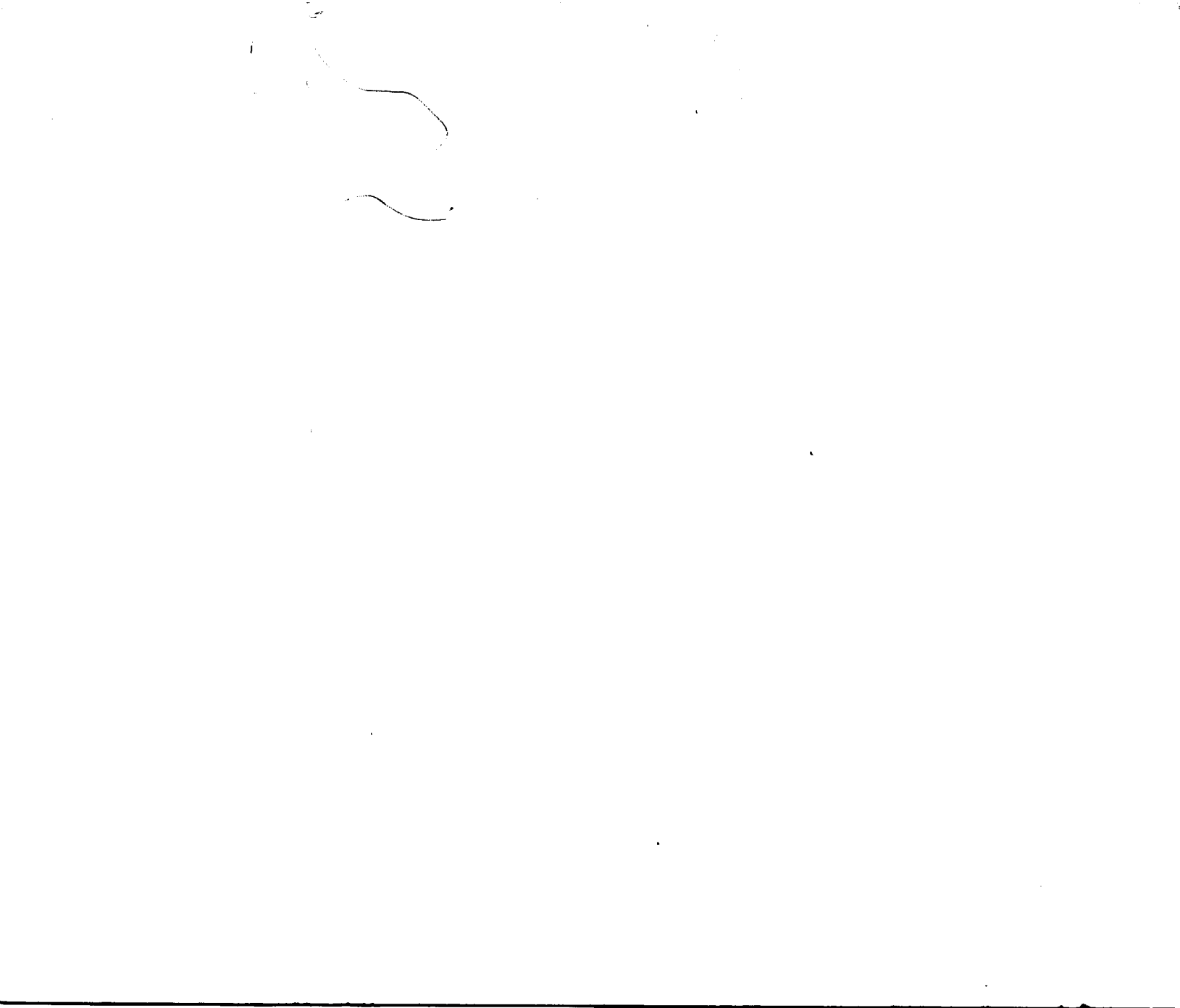
State of Idaho

State File No.

Local Reg. No. 129

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kellogg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kingsston</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wardner Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Kingsston, Idaho</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Girl Hawley</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 16, 1957</u>
7. FATHER'S NAME a. (First) <u>George</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Hawley</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Silverton, Oregon</u>	11a. USUAL OCCUPATION <u>DRAFTSMAN</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Frances</u> b. (Middle) <u>E.</u> c. (Last) <u>Strohm</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Priest River, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>George Hawley</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Sept 5, 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Abnormal placenta</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Robert H. Cordwell, M.D.</u>	
23b. DATE SIGNED <u>Dec 17, 1957</u>		23c. ATTENDANT'S ADDRESS <u>Kellogg, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Grant M. Glade</u>		TITLE <u>Kellogg, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>December 19, 1957</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Kellogg, Idaho</u>
DATE REC'D BY LOCAL REG. <u>12-24-57</u>	REGISTRAR'S SIGNATURE <u>Joe Larine</u>	26. FUNERAL DIRECTOR <u>Grant M. Glade</u>	



RECEIVED

(1949 Revision of Standard Certificate)

JAN 6 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 130

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kellogg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Enaville</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wardner Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Enaville, Idaho</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Ward</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 18, 1957</u>
7. FATHER'S NAME a. (First) <u>N. K.</u> b. (Middle) <u>Ward</u> c. (Last) <u>Indian</u>		8. COLOR OR RACE <u>Indian</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	11a. USUAL OCCUPATION <u>Miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorthy</u> b. (Middle) <u>Brandon</u> c. (Last) <u>white</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Undet.</u>	
		20b. MATERNAL CAUSES <u>1. Mother Rh neg Father Rh pos</u> <u>2. Mother had severe Influenza for 2 weeks</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>prior to cessation of fetal movement</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Glen M. White</u> M.D.	
23b. DATE SIGNED <u>21 Dec 57</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Dec. 21, 1957</u>	<u>Greenwood Cemetery</u>	<u>Kellogg, Idaho</u>
DATE REC'D BY LOCAL REG. <u>12-24-57</u>	REGISTRAR'S SIGNATURE <u>Jed Levine</u>	26. FUNERAL DIRECTOR ADDRESS <u>Grant M. Gledhill Kellogg, Idaho</u>	

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

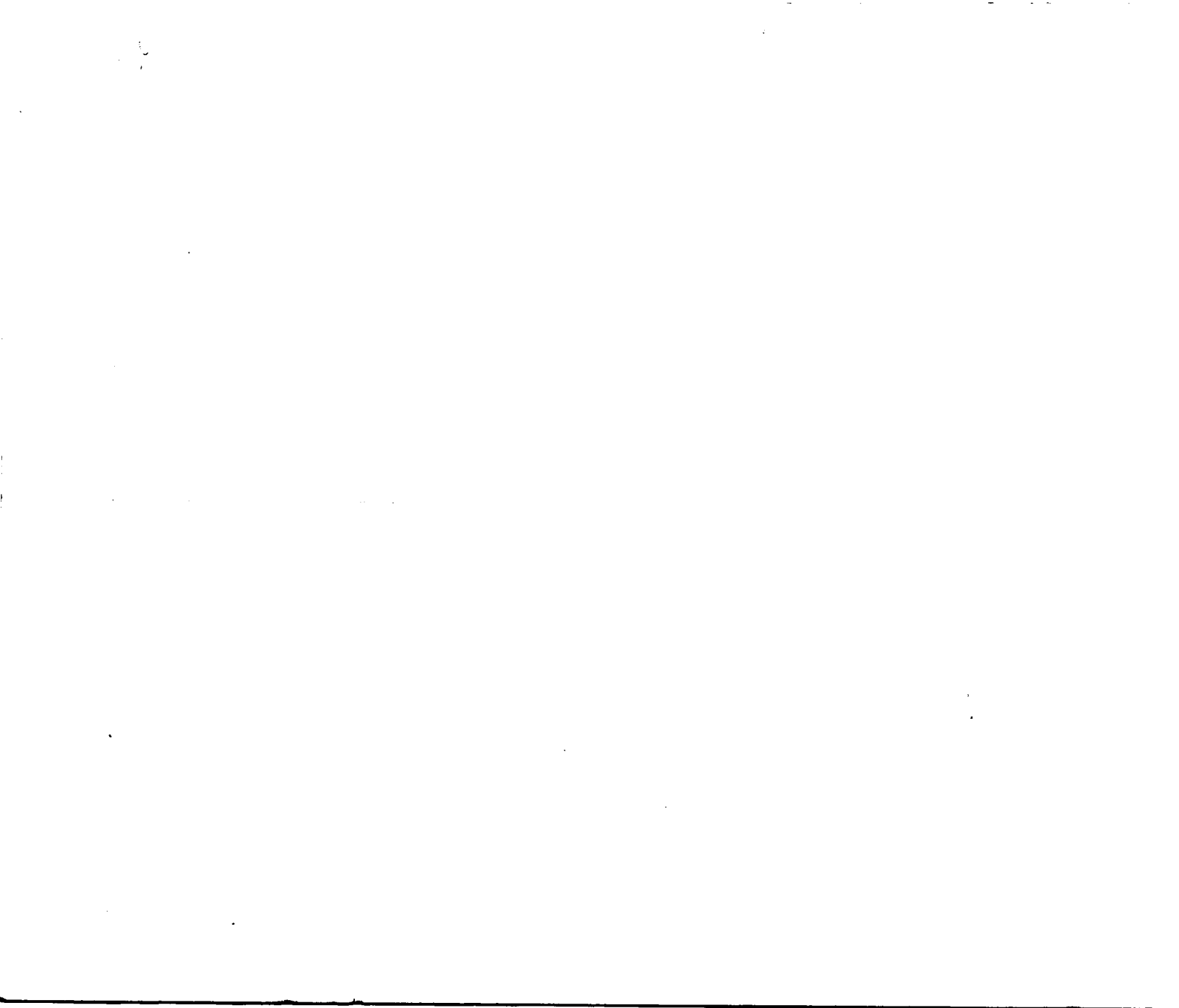
State of Idaho

State File No.

Local Reg. No. 131

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY Shoshone		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Shoshone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kellogg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wardner	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wardner		d. STREET ADDRESS (If rural, give location) 347 Main	
3. CHILD'S NAME (Type or Print) Infant Girl Cummings			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 22, 1957
7. FATHER'S NAME a. (First) Lewis b. (Middle) Cummings c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 42 YEARS	10. BIRTHPLACE (State or foreign country) Chicoot Mont.	11a. USUAL OCCUPATION Carpenter	11b. KIND OF BUSINESS OR INDUSTRY Building
12. MOTHER'S MAIDEN NAME a. (First) Opal b. (Middle) O c. (Last) Russel		13. COLOR OR RACE White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Big Timber Mont.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 7 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Lewis Cummings			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Stillborn	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Janice Allen	
23b. DATE SIGNED 12-23-57		23c. ATTENDANT'S ADDRESS Greenwood	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Jan 21 1958 Kellogg Idaho		TITLE Registrar	
25a. BURIAL, CREMATION, REMOVAL (Specify) Buried	25b. DATE 12/24/57	25c. NAME OF CEMETERY OR CREMATORY Greenwood	25d. LOCATION (City, town, or county) (State) Kellogg Idaho
DATE REC'D BY LOCAL REG. 12-23-57		26. FUNERAL DIRECTOR Jan 21 1958 Kellogg Idaho	



RECEIVED CERTIFICATE OF STILLBIRTH

State of Idaho

DEC 27 1957

1. PLACE OF STILLBIRTH a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) Weiser		c. CITY (If outside corporate limits, write RURAL and give township) Cambridge	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Weiser Memorial Hosp.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Infant Boy Garner			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec 2, 1957
7. FATHER'S NAME a. (First) Donnie b. (Middle) Ron c. (Last) Garner		8. COLOR OR RACE White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Glens Ferry	11a. USUAL OCCUPATION Construction	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Donna b. (Middle) Gay c. (Last) Betty		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello Ida.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Donnie R. Garner			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 2 OZS	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 9-18-57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature separation of Placenta	
		20b. MATERNAL CAUSES Placenta previa	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Frank Breech		22. STATE ALL OPERATIONS FOR DELIVERY Forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m. Weiser Idaho		23a. ATTENDANT'S SIGNATURE Dr. Coats	(Specify M. D., midwife, or other) Dr. Coats
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL G. B. Valley	23b. DATE SIGNED 9 Dec 57
25a. BURIAL CREMATION, REMOVAL (Specify) burial	25b. DATE 12-5-57	25c. NAME OF CEMETERY OR CREMATORY Cambridge	25d. LOCATION (City, town, or county) (State) Cambridge, Idaho
DATE REC'D BY LOCAL REG. 12-5-57	REGISTRAR'S SIGNATURE Edna Thomas	26. FUNERAL DIRECTOR G. B. Valley	ADDRESS Weiser, Idaho

STATE OF NEW YORK
BUREAU OF THE STATE ENGINEER
OFFICE OF THE STATE ENGINEER
ALBANY, N. Y.

NAME OF VESSEL <i>Albatross</i>		DATE OF REGISTRATION <i>Jan 11</i>	
NAME OF MASTER <i>John J. Smith</i>		NAME OF OWNER <i>John J. Smith</i>	
HOME PORT <i>New York</i>		GROSS TONNAGE <i>100</i>	
NET TONNAGE <i>100</i>		CLASS <i>Steam</i>	
TYPE OF VESSEL <i>Steamer</i>		STATUS <i>Registered</i>	
DATE OF EXPIRATION <i>Jan 11</i>		FEE <i>10.00</i>	
NAME OF AGENT <i>John J. Smith</i>		ADDRESS <i>New York</i>	
TELEPHONE <i>1234</i>		FAX <i>5678</i>	
ELECTRIC LIGHTS <i>Yes</i>		STEAM ENGINE <i>Yes</i>	
SAFETY DEVICES <i>Yes</i>		FIRE EXTINGUISHERS <i>Yes</i>	
LIFE BOATS <i>Yes</i>		RADIO <i>Yes</i>	
ANCHOR <i>Yes</i>		SIGNALS <i>Yes</i>	
HULL <i>Yes</i>		MACHINERY <i>Yes</i>	
EQUIPMENT <i>Yes</i>		CARGO <i>Yes</i>	
PASSENGERS <i>Yes</i>		CREW <i>Yes</i>	
SALES <i>Yes</i>		REPAIRS <i>Yes</i>	
INSURANCE <i>Yes</i>		TAXES <i>Yes</i>	
REGISTRATION <i>Yes</i>		FEE <i>10.00</i>	
NAME OF AGENT <i>John J. Smith</i>		ADDRESS <i>New York</i>	
TELEPHONE <i>1234</i>		FAX <i>5678</i>	
ELECTRIC LIGHTS <i>Yes</i>		STEAM ENGINE <i>Yes</i>	
SAFETY DEVICES <i>Yes</i>		FIRE EXTINGUISHERS <i>Yes</i>	
LIFE BOATS <i>Yes</i>		RADIO <i>Yes</i>	
ANCHOR <i>Yes</i>		SIGNALS <i>Yes</i>	
HULL <i>Yes</i>		MACHINERY <i>Yes</i>	
EQUIPMENT <i>Yes</i>		CARGO <i>Yes</i>	
PASSENGERS <i>Yes</i>		CREW <i>Yes</i>	
SALES <i>Yes</i>		REPAIRS <i>Yes</i>	
INSURANCE <i>Yes</i>		TAXES <i>Yes</i>	
REGISTRATION <i>Yes</i>		FEE <i>10.00</i>	

RECEIVED

1949 Revision of Standard Certificate)

DEC 27 1957

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

194

Local Reg. No.

34

Reg. Dist. No.

320

1. PLACE OF STILLBIRTH (Division of Vital Statistics)

a. COUNTY Washington

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Weiserc. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Weiser Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Oregon b. COUNTY Malheur

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Weiser Annexd. STREET ADDRESS (If rural, give location)
Rte. 3

3. CHILD'S NAME

(Type or Print)

Infant

Girl

Vargas

4. SEX

female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Dec. 5, 1957

7. FATHER'S NAME

a. (First)

Lucio

b. (Middle)

c. (Last)

Vargas

8. COLOR OR RACE

Mexican

9. AGE (At time of this birth)

28

YEARS

10. BIRTHPLACE (State or foreign country)

Eagle Pass, Tex.

11a. USUAL OCCUPATION

Laborer

11b. KIND OF BUSINESS OR INDUSTRY

Farm

12. MOTHER'S MAIDEN NAME

a. (First)

Margarita

b. (Middle)

c. (Last)

Terassa

13. COLOR OR RACE

Mexican

14. AGE (At time of this birth)

27

YEARS

15. BIRTHPLACE (State or foreign country)

Eagle Pass, Tex.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

3

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT

Margaret Calzada

18a. LENGTH OF PREGNANCY

unk WEEKS

18b. WEIGHT AT BIRTH

3 LBS. 1 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No. X

Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

undetermined - spontaneous abortion

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M.D., midwife, or other)

23c. ATTENDANT'S ADDRESS

Weiser, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

burial

25b. DATE

12-6-57

25c. NAME OF CEMETERY OR CREMATORY

Hillcrest

25d. LOCATION (City, town, or county)

Weiser, Idaho

(State)

DATE REC'D BY LOCAL REG.

12-6-57

REGISTRAR'S SIGNATURE

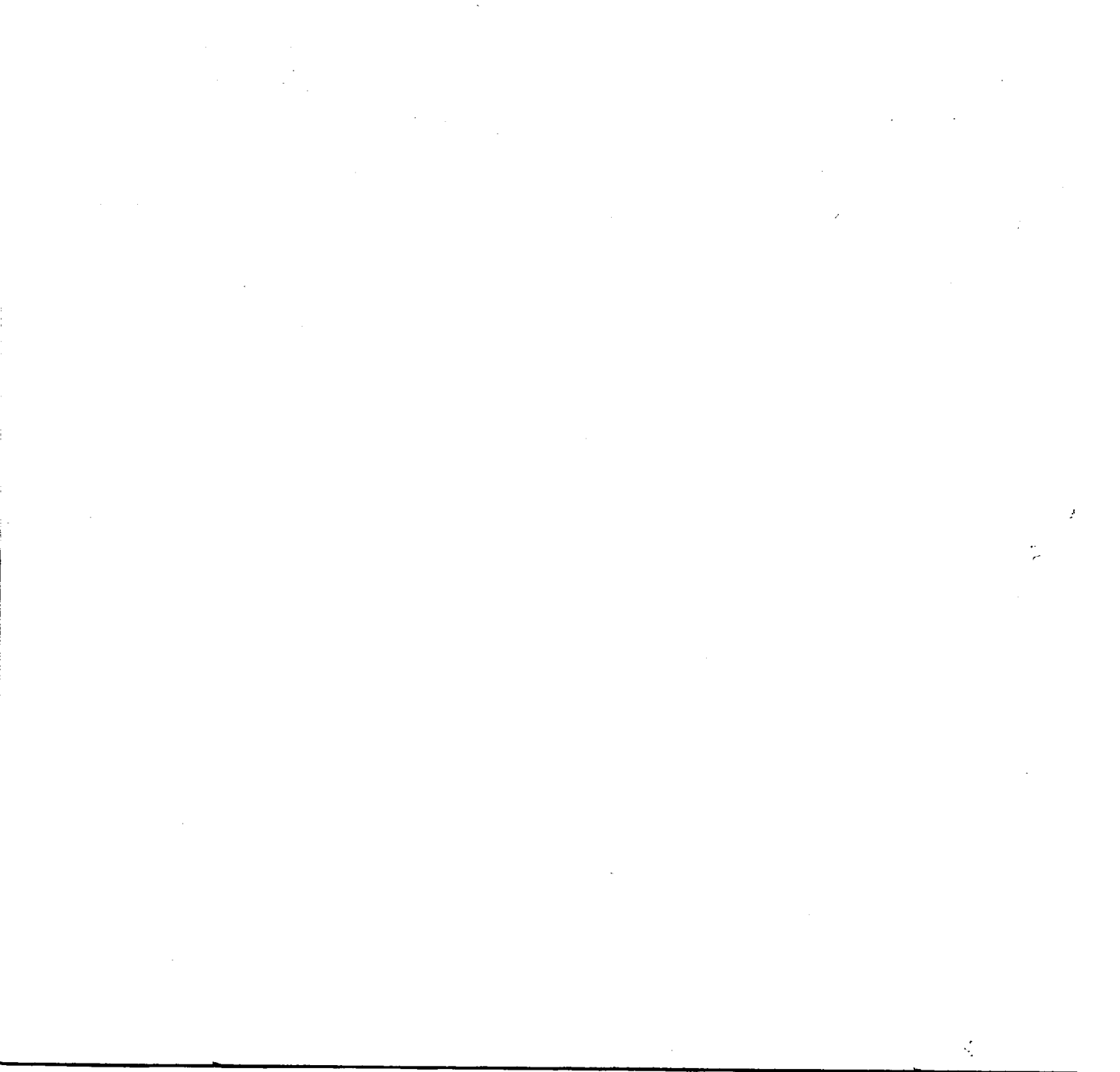
R. A. Thompson

26. FUNERAL DIRECTOR

F. B. Kelly

ADDRESS

Weiser, Idaho



RECEIVED (Division of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAR 18 1958 State of Idaho

State File No. **195**
Local Reg. No. **27**
Reg. Dist. No. **310**

1. PLACE OF STILLBIRTH a. COUNTY Bannock b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello d. STREET ADDRESS (If rural, give location) 315 North 4th	
3. CHILD'S NAME (Type or Print) Mary Ann Brewer			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 12 57
7. FATHER'S NAME a. (First) Charles b. (Middle) Huit c. (Last) Brewer		8. COLOR OR RACE Negro	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Oklahoma	11a. USUAL OCCUPATION Truck Driver	11b. KIND OF BUSINESS OR INDUSTRY Salvage
12. MOTHER'S MAIDEN NAME a. (First) Lena b. (Middle) B. c. (Last) White		13. COLOR OR RACE Negro	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Louisiana	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 3 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Mrs. Lena Brewer Mother			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Exsanguination		
	20b. MATERNAL CAUSES Abnormal placenta		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature separation of placenta		22. STATE ALL OPERATIONS FOR DELIVERY Caesarian Ssection	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE [Signature]		23b. DATE SIGNED 3-6-58
	23c. ATTENDANT'S ADDRESS Pocatello Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug. 14, 1957	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls Idaho
DATE REC'D BY LOCAL REG. MAR 13 1958	REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR ADDRESS Moran Funeral Home Pocatello, Idaho [Signature]	

